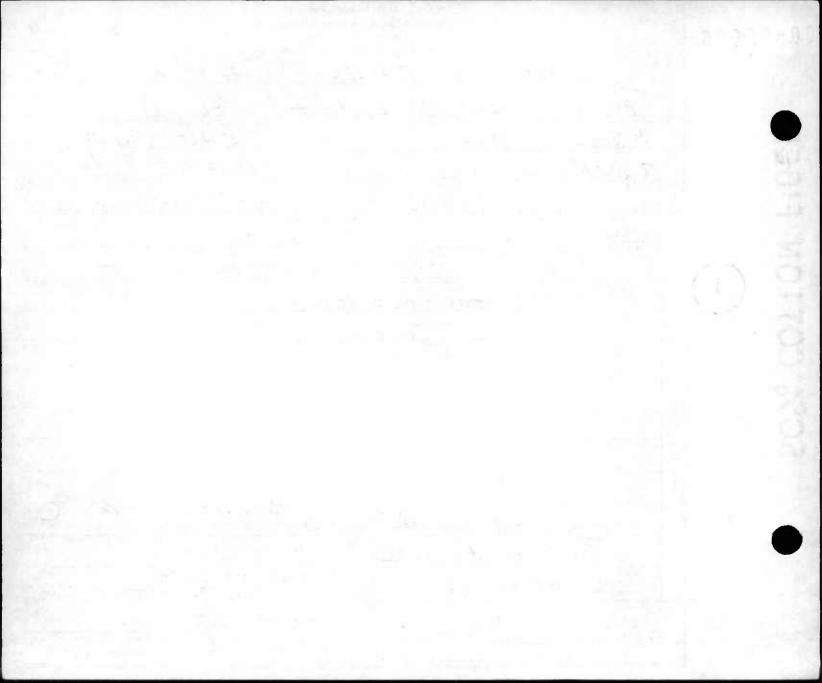
21213

3331 Brehms Lane, Balto., Md.

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NE 8 6

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

6 1 7 9

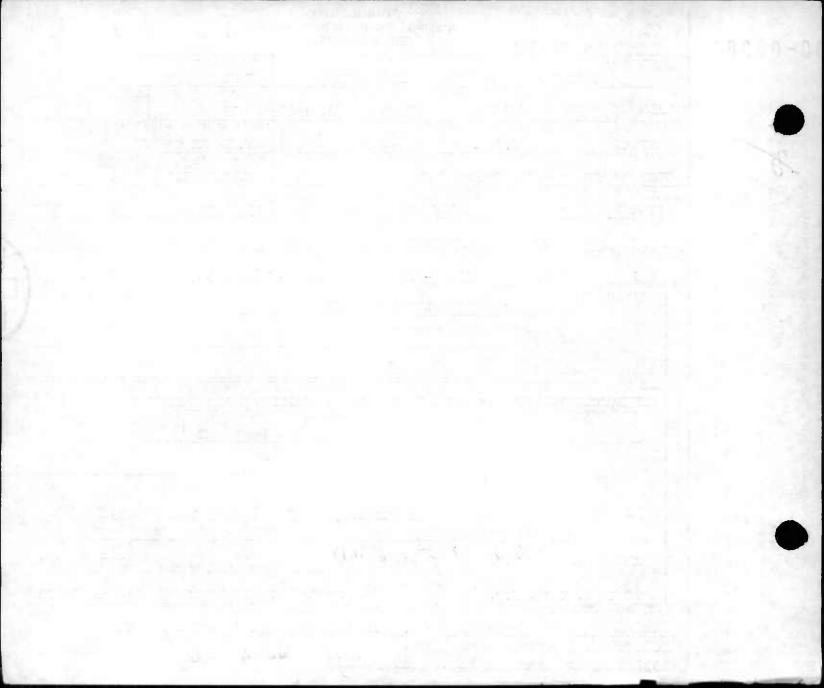
REGISTRAR				4411111	CALL OF BEATT	REG. NO).		
1 DECEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DEATH	AONTH DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	Fran	k J	oseph		Paulus	June 17, 19	986	197	11:35 Å
3. SEX		4. RACE		5 DATE O		6. AGE (IN YEARS LAST BIRTI	HOAY) IF UN	DER I YEAR	IF UNDER 24 HRS
MALE		WHITI	Ξ	7874	.04° 1928°	58	YRS.	DATS	HOURS MIN.
Te. BIRTHPLACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUN	VTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OF		DEATH	
MARYLAND		USA		WIDOWE		Baltimore	County		MD.
10 CITY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	120 USUAL OCCUPATIO			F BUSINESS OR
ROSS.VILLE		FRANK	LINS	QUARE I	HOSPITAL	STEELWORK	ER "	BETH	I STEEL
USUAL RESIDENCE (IF NURS	13k COUN	ITY	13r CITY OF	RIOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	1	
MD	BAL	TO	ROSE	DALE	YES NO 🕅	8108 EDW1	LL AVE	2]	1237
14. FATHER'S NAME		MIDDLE	LAS	ST	15. MOTHER'S MAIDEN NAM	ME		LAS	
PHILLIP			PA	ULUS	RÖSE			BURG	A
16a. WAS DECEASED EVER			166 SOCIAL	L SECURITY NO.	17. INFORMANT	ADDRE	SS	196	LE COMMO
(YES TO DE UNKNOWN)	WW	TYAR OR DATES	2142	09895	MADGE PAULU	JS 8108 E	DWILL	AVE	
18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for 10), ((b), and (c)				BETWEEN	MATE INTERVAL DINSET AND DEATH_
PART I. DEATH W	AS CAUSE	Ď BY: E CAUSE (o)	Gastr	ointesti	nal Hemorrhage	e		23.	
	MMEDIAI		DAS A CONT	SEQUENCE OF					
Canditions, if any,	which	(b)	Esoph	ageal Va	rices				
gove rise to imm	nediate	DUE TO O	DAS A CON	SEQUENCE OF			ALC: U		
underlying couse	•	(6)	Cirrh	osis of	Liver with He	patorenal Sy	ndrome		
	NIFICANT C				NOT RELATED TO THE TERM			PART II	,
190. DATE OF OPERAT								2	
S 190. DATE OF OPERA	TION	196 COND	ITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	10b. IF YES, WE IN CERTIFY INC	RE FINDIN	GS USED OF DEATH?
HI						YES XI NO	YES 🗌	0.10000	NO 🗌
71a. ACCIDENT WAS UND		216. TIME C	FINJURY M. MONTI	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	FIN ITEM 18 PART I	OR PART 2)	
OR CONTRIBUTING ((IH	M.	19					
(IF EITHER NOTIFY MEDIC	RED	21e. PLACE			211 LOCATION	CITY OR TOV	/N	COUNTY	STATE
WHILE NOT WH	HILE	(AT HOME STI	REET, FACTORY, C	OFFICE, FARM ETC)	SINCE				
220.1 certify that	(this haspi	tol) ottended th	e deceosed	HOIN TO ST.	6 19.86	June I	19	6	that & (we) lost
saw the decease above, (X (we) (c	ed alive on	June 1	7	_19 <u>_86</u> , ar	nd that in (🍂) (our) apinion o	death accurred on the do	te and how and	from the	couses stated
22b. SIGNATURE			orter deom.	14.7	DEGREE			224 DATE	SIGNED
Stime	-77	telle	NO		ATTENDING PHYSICIAN	MEDICAL STAF	F IAN IA	-6-1	17-86
226 PHYSICIAN'S NA					22e ADDRESS				
Steven I	Kitch	en MD			9000 Frankl	in Square Dr	rive 21	.237	
THE CREMATION	HOMOVAL	236 DATE		23c NAME OF	CM TEST OR CREMATORY	23d LOCATION CITY OR TOWN		(Alth	STATE
MOREMATI	ON	6/18	/86	WESTV	IEW	BALTO		OTLA	MD

12/1 Cleraco Avo

DHMH - 16 60M 7/B4 (VRA +5, 4)

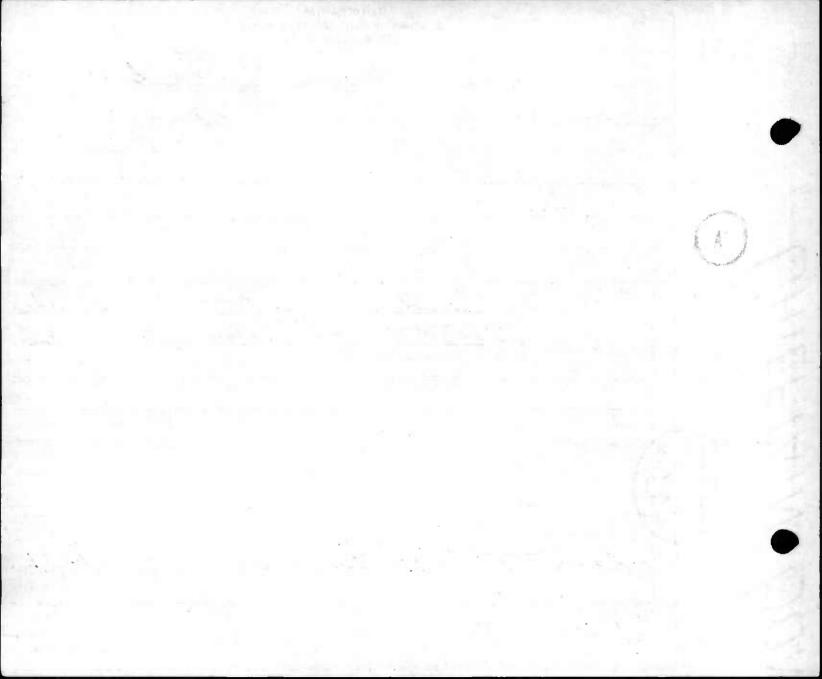
[27] 의 전문에 가장 시간 경우 (14년 1일 14년	

	1	FOR			ATE OF MARYLAND			, ,	n 0
18381	1	STATE REGISTRAR XC 1300			FHEALTH AND MENTAL HYG IFICATE OF DEATH	REG. N	0.	6 1	8 0
, 0 0 0 .		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
ed de p	(1117	CASIMIR	R JOSEP	H PELO	CZYNSKI	JUNE 2,	1986		1:20 M
g Ly	3. SE	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BI	THDAY) IF		UNDER 24 HRS
1 10	3	SALE	WHITE	FEBI	RUARY 24, 1908	78	YRS	UNIS DATS NO	MIN,
4 10 8/1		COUNTRY)	76 CITIZEN OF WHAT CO	MARR	RIED NEVER MARRIED	9 BALTIMORE CITY			
		IARYLAND	U.S.A.		WED DIVORCED DE OR OTHER INSTITUTION	BALTIMORE			MD.
ALLE	1	ORT HOWARD	VA MEDICAL	CENTER		ELECTRON		T.V.Se	mployed rvice
Slide to	MA	ALRESIDENCE IN NURSING HOME OR STATE ARYLAND		ENCE BEFORE ADMISSION OR TOWN LTIMORE	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 4716 KENW		NUE	21206
The same of	1	Walanti N		ZYNSKI	15 MOTHER'S MAIDEN NA ROSALIE	ME MIDDLE		UNKNO	
The state of		VAS DECEASED EVER IN U.S. AR/	E WAR OR DATES)	CIAL SECURITY NO		ADDR		21206	
2 22		YES WWI	I 213	-09-2550	Rosemari	e Kuḥlman	5128	McFaul BETWEEN ONSE	
The law requires that the death a con- cion. It has been signed by the intendi- of permit. Then please remove col- gieres prior to bursal, corrections, or how sory injury, or other transminning.	RTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C ATHEROSCLEROTI 190 DATE OF OPERATION	C CARDIOVAS	ONSEQUENCE OF TING TO DEATH BE CULAR DIS R WHICH OPERAT	SEASE, CONGESTI	VE HEART F.	206. IF YES, V IN CERTIFYII	VERE FINDINGS NG CAUSES OF I	
NA DOLLO	10	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			R 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)	
of mersion of the burion of the burion had on her	MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHITE AT WORK	21e PLACE OF INJUR		21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
ATTENDIA implified as ECTOR: At 4 for one of 7, of Health in 21 is me		27a-I certify thatXI) (this hospit saw the deceased alive on obaveXI) (we) (did)XIXXX	al) ottended the decease JUNE 2 view the body ofter dec	ed from MAR(CH 8 , 19.85 and that in MX (our) opinion	, toJUNE 2 death occurred an the d			ses stated
Yal OR Pal Dist detachs fore Dep		MARCIA A. KAN		Kar	DEGREE DATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🛣	JUNE 2	
D HOSPI Proved th O FUNE CAT the S APORTA		MARCIA A. KAN			VA MEDICAL (CENTER, FOR	r HOWAR	D, MD 2	21052
2	23a.	BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
BP	-	Burial	6-4-86		Stanislaus C	_		ld.	
DHMH - 16 60M 7/B4	24 F.	schimunek Fun	eral Home	ADDRESS IC.	12	UN 4 1986	256. REGISTRA	R'S SIGNATURE	rgledin
(VRA 15, 4)		3331 Brehms L	ane. Balte	o. Md.	21213	1300	16		



1.	FOR • STATE REGISTRAR		DEPARTM	AENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. N	0.	6 1	8
	CEASED NAME FINIT		MIDDLE	-	IAIT	14 DATE OF BEATH	MONTH DAY	YEAR	25 HOUR
		PEMBER		TE	MBER	VUNE		1986	3:50
3.SE	× .	4. RACE		5 DATE	OF BIRTH	& AGE (IN YEARS LAST BIRT	The same of	DATE DATE	HOURS M
	Female	Cauca	sion	7	1 /3 95	90 90	YR5.		Sixtee
		76. CITIZEN OF	WHAT COUNTRY!	MARRIE	ED A NEVER MARRIED	9 BALTIMORE CITY O			
	DUCK BUILDING TO THE STREET	US		WDOW		Baltimore		A	
TV	oweon	Dullano	CHEACHTY, GIVE STREET	Apperss:	or other institution ing Home	Housewifw	(WORKING LIFE)	12h KIND OF INDUSTRY HOME	
DSU.	AL RESIDENCE (F NUISING HOME OF STATE 136 COUR Md Balt	OTHER HATTIVEOR	Towson	ADMISSION) N	134 INSIDE CITY LIMITS? YES NO	8227 Barnl	ey Road	1 2	1204
SC	ATHER'S NAME	#IDOU!	Tuttle		IS. MOTHER'S MAIDEN NA	WE WOOIS		(A13	
			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	35		
	No		396-05-4	825	Ms. Neva Coo	k (Dayghter) Same	as #:	1.3
CERTIFICATION	IVE DATE OF OPERATION			anne a contra	NOT RELATED TO THE TERM	ZIR. AUTOPSY?	20h. IF YES, V	VERE FINDIN	GS USED
SHOW	OR CONTRIBUTING CAUSE OF DE	HOUR A	M. MONTH DA		21L HOW INJURY OCCUR	Total South			NO L
MEDICAL	214 INJURY OCCURRED	71e PLACE	OF INJURY THEET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OF TOW	TV.	COUNTY	STATE
	27x 1 certify that (1) (this haspi	- 3	Vone 10 8	22	nd that in (my) (our) epinion		rte and hour o		
y	STATE REGISTRAR EASED NAME DEPHAT ETHET PEMBE REGISTRAR EASED NAME PART I PEMBE REGISTRAR ETHET REGISTRAR ETHET REGISTRAR ETHET PEMBE REGISTRAR REGISTRAR ETHET PEMBE REGISTRAR REGISTRAR PART I PEMBE REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR RESIDENCE (IF NURSING HOME OF OTHER INDITITY ITALE ITALE ITALE REGISTRAR RE		ouse	ull	ATTENDING PHYSICIAN P	MEDICAL STAF	IAN 🗆	6/8	18
y			oune	rille	PHYSICIAN E		IAN 🗆	6/8	- 80
,	Charles O'Do SURIAL, CREMATION, REMOVAL REMOVAL	nnell		IAME OF C	PHYSICIAN E		IAN []	6/8	STATE

DHMH - 16 60M 7/73 (VR A 15 (4))



	,	FOR • STATE		DEPARTM		OF MARYLAND EALTH AND MENTAL HYG	IENE 8 6		6 1	8 2
	١.	REGISTRAR			CERTIF	CATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST Virgin	ia R. PET	ERSON	U	AST	June 18, 19	MONTH DAY	YEAR	12:42a M
1	3 SE	x	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
5	and the	Female	White		Mav	6 1916	70	YRS	DATS	HOURS MIN.
5	7a Bi	RTHPLACE (STATE OR FOREIGN) COUNTRY) Pa.	USA	COUNTRY?	8 MARRIED WIDOWE	NEVER MARRIED	Baltimore city of Baltimore C		EATH	MD.
diffed		OSSVIlle	(IF NOT IN SUCH FACIL	ITY, GIVE STREET	DDRESS)	ROTHER INSTITUTION	17a USUAL OCCUPATI	F WORKING LIFE) IN	DUSTRY	F BUSINESS OR
	USU	AL RESIDENCE (IF NURSING HOME OR	THER INSTITUTION GIVE RE	SIDENCE BEFORE	ADMISSION	Hospital	Retired-V		Dist	21221
23	13a. S	Md. Bal		SSEX	4	13d. INSIDE CITY LIMITS? YES NO**	13e STREET ADDRESS			
27	14, FA	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME	N I I I I I I I I	210	C . 1117
50		Leigh	RC	binso	n	Nancy	MIDDLE	Dear	n (AST	
100	16a V	WAS DECEASED EVER IN U.S. ARA		OCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE			
med	(YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	1-22-	9732	Charles Br	awn 9106S	antaRi	taRo	ad2123
allow or other troums	IION			conseque onic Ob	NCE OF Struc	tress tive Pulmonar		DITION GIVEN IN	PART 11a	
2	CERTIFICATION	19a Date of Operation	196 CONDITION	FOR WHICH	OPERATION	N WAS PERFORMED	YES NOX	206. IF YES, WE IN CERTIFYING YES	CAUSES (GS USED OF DEATH?
9		? To ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. P.M.		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2)	
reedon	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME STREET, FA		IRM ETC)	211 LOCATION STREET	CITY OR TO	wn (OUNTY	STATE
21 H m		22a L certify that (t) (this haspite saw the deceased alive on abave XI) (well faid)	June 18		June 6	d that in (My) (our) opinion (, to June deoth occurred on the d			hatXI) (we) lost causes stated
A Ber		27h SIGNAJURA	Taylor	11	MY	ATTENDING PHYSICIAN	MEDICAL STA	FF V	6-18-	
MPCRIAL		Michael Tayl		,		9000 Franklir		., 21237		
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE 6/20/86			emetery or crematory Hill Cemete				
7/84		UNERAL DIRECTOR NAME OnnellyFunera	1Home 30	ADDRESS OMace	Ave.	21221	1980 J	25b, REGISTRAR'S	SIGNATU	JRE

TO FUNERAL DIRECTOR, After this certificate has been against by the otherwing physician and a should be detached for see as the business permit. Their places impose carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to busins, cremation, or removal.

DHMH - 16 60M (VRA 15, 4)

1		ST/	ATE OF MARYLAND		
1-	FOR STATE REGISTRAR		FHEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	1618
	CEASED NAME FIRST SENTE	min Petrilli	LAST	20 DATE OF DEATH MON	1986 PAR 26 HOUR,
1.5E)	Male	RACE S. DATE	E OF BIRTH DAY YEAR 29 1902	6 AGE (IN YEARS LAST BIRTHDA	YRS.
I	RTHPLACE (STATE OR FOREIGN COUNTRY)	U. S.A. WIDON	NEVER MARRIED	BALTIMO	RE COUNTY M
1	SUSON	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	1
130 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL ARYLAND 34 THER'S NAME FIRST	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 132. CITY OR TO WN MIDDLE LAST	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZII	ACHLAN APT
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SECURITY NO SIVE WAR OF DATES)	. 17 INFORMANT	ADDRESS	GRASSI
NC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BY	In sufficience ofic C. V. Re	nal Des.	
TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 201 YES NO NO	E IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETHER NOTIFY MEDICAL EXAMINE AT WORK	DEATH HOUR A.M. MONTH DAY YEA	AR .	RED (ENTER NATURE OF INJURY IN	IEM 18 PART I ORPART 7) COUNTY STATE
	220.1 certify that (I) (this has	a. Thele J. 11	DEGREE ATTENDING	to death occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	and hour and from the causes stated 220 DATE SIGNED 6/17/56
3	SURIAL CREMATION, REMOVA (SPECIFY) UNERAL DIRECTOR NAME VANCE CHAPS	A-WALL JY AL 236 DATE 236, NAME OF DULA	7620 Your CREMATORY	23d LOCATION CITY OF TOWN E REC'D. BY REGISTRAR 23b. JUN 23 1986	

Wild Walter Here 24, 1000 -0 . Totale and Many Theat I. John Pransending Att of Pinnander, at Reinfand, M. H. chance 17, 1-86 Holy Medicatory Landburg Helicities, Neryland

1	FOR	DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MENTAL HY	GIENE	1 / 1 9
nn	- STATE REGISTRAR		CERTIFICATE OF DEATH	8 6 REG. NO	1610
, ,	DECEASED NAME FIRST		(AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
			IERCE	0 - 1	IF LINDER LYEAR IF LINDER 2 LIN
	1 SEX		DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
00	Female M. BIRTHPLACE LISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? &	Jan. 5, 1906	9 BALTIMORE CITY OF COL	RS. INTY OF DEATH
55	COUNTRY)		MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	
1	M CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS O
20	TOWSON	St. Joseph's H		Homemake	r Own Hom
35	110cSTATE 13b.C	Balto. Direction	13d INSIDE CITY LIMITS?	800 Souther	ly Rd., 21204
30	Andrew S	mith Jackson	15 MOTHER'S MAIDEN N Estelle	MIDDLE	Olwine LAST
1	160 WAS DECEASED EVER IN U.S	CHICAMAD OD DATES		ADDRESS	
/	No	493, 48 8	112 W. Taylor	Pierce,	Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		DUE TO, OR AS A CONSEQUENT	mujoce	MICHAEL DISEASE OR COLION	I GIVEN IN PART 11a
2	90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY? 206. IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
9	OD CONTRIBUTION C CAUTE O	FDEATH HOUR A.M. MONTH DAY	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEA	
	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARA	M ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
7	22a I certify that (I) (this have the decount allowaters (I) 22b SIGNATUR	H (DE PRINT)	DEGREE ATTENDING PHYSICIANY	n death accurred on the date and	220 DATE SIGNED
IMPOR	23a BURIAL, CREMATION, REMO	The state of the s	ME OF CEMETERY OR CREMATORY	23d LOCATION	DRIVE
	Entombment	6/12/86 Lor	raine Maus.	Balto.,	MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

4905 York Read Balto., MD 21212

Lorraine Maus. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR SIGN

THE STATE OF THE S Ferrale are 110 smoth rest restored to the Heats. ti mesti il dei fa din Andrew Smith Jeotson E talls ori. I and the state of the diagon, sing The same of the same Enterent E/1E/88 Los ins Au. Balter. Formy M. Janina hara Co.

•	,	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 nos. The deeth retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion one omplitiely Alfact in by the first should be detached for use as the buriot-transit permit. Then please remove corbon papers. Por
10	1	-	1/2
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	th	0	i a
AND	1	n 24	Aille
ARYL	1	with	d 2 s
E, M		cuted	1
MOR		e X	Pour
MALTI		ote b	pers.
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OF		CIAP g ph	ertific
SION		PHYS	this of
DIV		OING or off	After e os t
		TENC ortol	TOR:
		R AT	IREC.
		AL C	detoc
		OSPI ed b	UNE
		TO HOSPITAL OR ATTENDING PHYSICIAN: The Interestined by the hospitol or ottending physicion.	TO F

7	1 -	FOR STATE REGISTRAR			DEPARTA	NENT OF H	OF MARYL EALTH AND ICATE OF I	MENTAL	HYGIEN	0	Ö REG. NO).	6	W Myland	8 6
		EASED NAME	FIRST	٨	AIDDLE	L	AST		20	DATE OF DE	ATH /	MONTH	DAY YEAR	2b.	HOUR
	11111	MIN	NIE	ER	MA	P	LACK					6 - 2	28 -86	4	:46A M
3	3. SEX			4. RACE W		44/ONITH	01 0111111		6. A	AGE (IN YEARS	LAST BIRTI	HDAY)	MONTHS DAYS		URS MIN.
3	a. BIF	THPLACE (STATE OR FO	REIGN	TICA		8	D NEVER			BALTI		_			MD.
0		OWSON	н		HOSPITAL, NURSIN HEACILITY, GIVE STREET OI N. CH		STREET		12a	Tomema.	CUPATION MOST OF Ker	ON WORKING LIF	12b. KIND INDUSTRY		ISINESS OR
5	USUA 130. S	L RESIDENCE (IF NURSIN	3P CON	other institution, TY imore	GIVE RESIDENCE BEFORE 134. CITY OR TOW TOWSON	ADMISSION)	13d. INSIDE (NO 🔼	S? 13e	STREET ADD	ress/ uire	ZIP CODE	ad 2	2120)4
30	4. FA	THER'S NAME FIRST Will		. Holla	nd LAST		15 MOTHER	S MAIDEN	ora S	Sherif	f		Ł	AST	
/		(AS DECEASED EVER II ES. NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SECU 216 80 (Mr.	ANT		Plack	ADDRE:		res Ro	es Road -04	
ajury, or other troumoti	NC	Conditions, if ony, gove rise to imm couse (o), stofing underlying couse PART 2 OTHER SIGN	the lost.	DUE TO, OI	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE DIVIDING TO D	RTL	INFAR	CTION		L DISEASE O	R COND	DITION GIV		25/	86
7	CERTIFICATION	190 DATE OF OPERATI	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED		200 AUTOPS	γ? Ο[Χ	IN CERTIF	S, WERE FIND YING CAUSE S []	ES OF E	USED DEATH?
1		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEA		M. MONTH DA	Y YEAR	21c HOW IN	NJURY OC	CURRED	(ENTER NATURE	OF INJUR	Y IN ITEM 18 P	PART (OR PART 2)		
	MEDICAL	21d INJURY OCCURRI	Е П 3	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATE STREE	ON		C	ITY OR TOV	٧N	COUNTY		STATE
		22e. I certify that (I) (sow the deceased above, (I) (we) (di 22b. SIGNATURE	d olive on	6/28	8 19_		25 nd that in (my		86 nion deot		2.8 n the do	te ond hou		ne cous	
		22d PHYSICIAN'S NA	Z.	14	m MD	30		ATTENDIN PHYSICIA SS	IG A	AEDICAL IRECTOR [STAF PHYSIC	F IAN 🗃	6/2	28/	86
MA CKIANII			L.	KAUFFMA		14445		670		CHARL		TREEL	1		
	(urial, cremation, r specificurial	EMOVAL	7/1/8			awn Cen	n.			timo	ore, N			STATE
7/84		INERAL DIRECTOR TCHELL-WIE	DEFEI	D HOME,	INC. ADDRESS	6500	Yoick Ro		JUL.	0	ISTRAR :		RAR'S SIGNA		rakin Milina

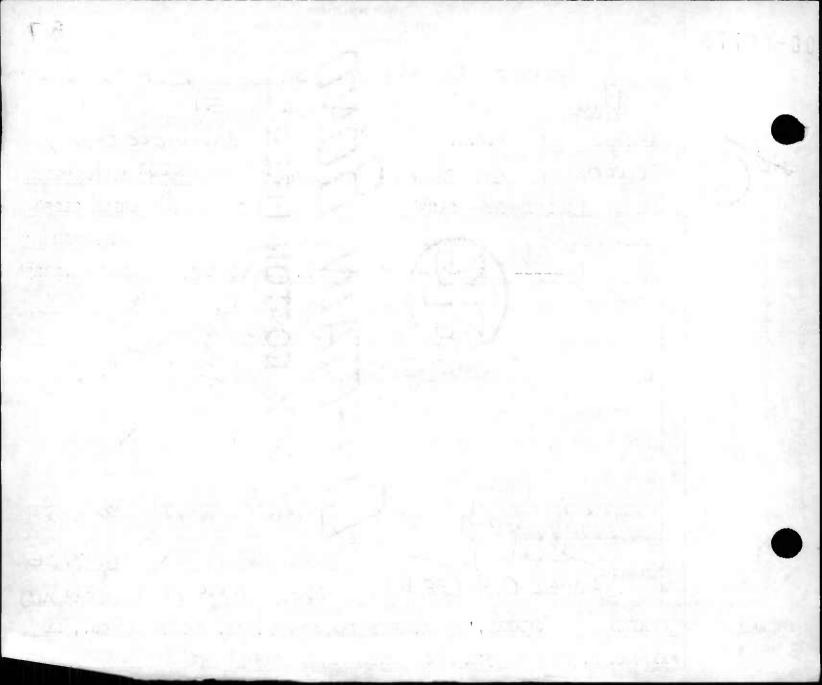
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y be oge 3 deoth	1 DECEASED NAME (TYPE OR PRINT)	GEORGE	MIDDLE C. 1	Pow	ELL, SR	20. DATE OF DEATH	MONTH DAY	86	DIOJA
age 4 mo	3 SEX Mal	le I U	Hute	5. DATE O	BIRTH 34	6. AGE (IN YEARS LAST B	YRS	THS DATS	IF UNDER 24 HRS. HOURS MIN.
1 128	70 BIRTHPLACE (STATE OR MARYLAND		S.A.	MARRIED	NEVER MARRIED DIVORCED	BALT	MORE		NTY MD.
	TOWSO	N (IF NOT IN SUC	THEACILITY, GIVE STREET	EPH	NOSPITAL	BODY************************************	CHARLEST AND THE STATE OF THE S	12b. KIND OF INDUSTRY AUTOM	
LAND 21	MARYLAND 14. FATHER'S NAME	SING HOME OR OTHER INSTITUTION 13b. COUNTY BALTIMORE	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS? YES NO X		ZIP CODE RICH D	RIVE	21234
MARY malete	BENJAM]		POWELL		MARIE	WIDDLE		SCHIR	MER
be executed on and control on and co	(YES NO OR UNKNOWN)	IN U.S. ARMED FORCES" (IF YES, GIVE WAR OR DATES)	219-30-4	+095	DONNA L. PO	WELL 183			
RDS, 201 W. PRESTON ST., B. equires that the death certifical signed by the attending phys. Then please remove carbon papt to burial, cremation, or remove injury, or other traumatic event,	Conditions, if any gove rise to im cause (a), statiunderlying cause	IMMEDIATE CAUSE (a) DUE TO O , which	Charles on Secure	dug	a and has the spigfall	undage the area	2º to	lefo	perior
N: The law rysicion. cate has bee const permit. Hygiene prior	O I 90 DATE OF OPERA	DERLYING 216. TIME C			VAS PERFORMED	200 AUTOPSY TES NOTE TED (INTIMATURE OF IN)	YES	G CAUSES O	
DIVISION OF VITAL RECORD ING PHYSICIAN: The low requirant this certificate has been so the buriol-tronsit permit. Ih the and Mental Hygiene prior to orked or them 18 shows any injury	OR CONTRIBUTING OF CONTRIBUTIN	RED 21e PLACE (AT HOME STI	M.	19	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
DR ATTENDO e hospital or DIRECTOR: A ched for use Dept. of Heal item 21 is m	saw the deceas above, 49 (we) (22b SIGNATURE	ed of magn (0-D)	19		d that in (X) (aur) apinian of DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF V		at (1) (Wellast iuses stated
TO HOSPITAL Terboined by the TO FUNERAL I should be determined with the Store I IMPORTANT: If	SA	MUEL C. (H. LEE,	M.D.	22e. ADDRESS 7620.	YORK	PO TO	wso.	UMI
BP	230 BURIAL, CREMATION, BURIAL 24 FUNERAL DIRECTOR	JUNEL9			METERY OR CREMATORY VATITIES MET 1250. DATI	GAR BA	LTIMOR R256 REGISTRAI		

WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD.

DHMH - 16 60M 7/84 (VRA 15, 4)



COLOUR DESCRIPTION OF THE PERSON OF THE PERS	0	
BALLIMORE, MARSTAND 21201	0	
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cate he executed within 24 hours often death. Fage 4 may be	1	
Canada and completely filled in health furnish diseased disease.	0	
aper, Pages 10mg 7 shauld be tiled within 72 hours after death	5	
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05 1- FOR STATE REGISTRAR		DEPAI	STATE OF MA RTMENT OF HEALTH CERTIFICATE	AND MENTAL HY	GIENE 8 6	! 6	8		
I. DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	76 HOUR		
(The Oke Mary)	William	Brown	POWELL,	Sr	June 21, 1986		8:30p		
3. SEX	4 RA	CE	5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HE		
Male	Ca	ucasian	Jun. 7,		81 yrs				
7a. BIRTHPLACE (5	TATE OR FOREIGN 76 CF	TIZEN OF WHAT COUNTR	Y? 8 MAPPIED XI NI	VER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH			
Virgini	a /	U.S.A.	WIDOWED	DIVORCED [Baltimore Co	unty			
0 CITY OR TOWN		FNOT IN SUCH FACILITY, GIVE STE		RINSTITUTION	17g USUAL OCCUPATION		F BUSINESS (
Essex		anklin Squar			Carpenter	,	enance		
USUAL RESIDENCE	135 COUNTY	hoa Hammon	DWN 134 INS	IDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 5981 Morris Rd		1999		
ATHER'S NAME FIRST LOUI	MIDDLE	LAST POW		THER'S MAIDEN NA	WE	MONTA	GUE		
8 160 WAS DECEASED	DEVER IN U.S. ARMED F	ORCES? 166 SOCIAL SE		DRMANT	5981 Morris				
(YES NO OR UNKNO	(IF YES GIVE WAR	224-40-	-1717 Mab	el V. Pow	ell Hammond, La				
18 CAUSE OF PART I. DE	18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Cardiopulmonary Arrest								
gove rise	if any, which to immediate stoting the	(c) OR AS A CONSECUTE TO, OR AS A CONSECUTE TO, OR AS A CONSECUTE TO	age Renal F	ailure					

19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 71f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC) CITY OR TOWN NOT WHILE 22 1 certify that (I) (this hospital) attended the deceased from

86 sow the deceased olive on_ and that in (my) (our) opinion death accurred on the date and have and from the causes stated DEGREE

MEDICAL STAFF 72e ADDRESS

Susan Pearson, M.D.

9000 Franklin Square Drive, 21237

19	(BP)	99	
70	DHMH	16 60M 7	/84
		RA 15 4)	

230. BURIAL, CREMATION, REMOVAL Burial 06-24-86

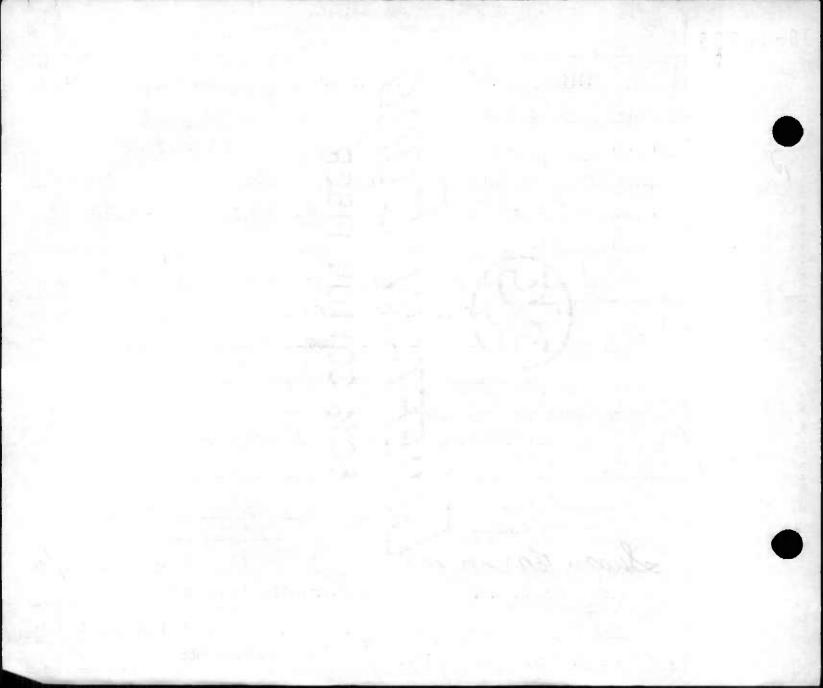
Glebe Lndg. Bapt. Ch.

23d LOCATION Lane View Middlesex Virginia

Hubbard Funeral Home, Inc.

24 FUNERAL DIRECTOR

Baltimore, Md 21229



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31	MIL	VI	142.50	L 1 F	MILL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	4	6	7	8	9
	REG. NO.					

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	6 1 8 9
I. DECEASED NAME FIRST (TYPE OR PRINT) Emanu	el Joseph Pres	matta	20. DATE OF DEATH MONTH 06/0	7/86 25. HOUR 6:50p
3. SEX Male	White	January 14,1915	6. AGE (IN YEARS LAST BIRTHDAY) 71	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	76. CITIZEN OF WHAT COUNTRY?	MARRIED WINDOWED DIVORCED		
10 CITY OR TOWN OF DEATH Tows on	Greater Baltimo	ADDRESS Medical Center	120 USUAL OCCUPATION	e 126 KIND OF BUSINESS OR INDUSTRY GOVT.
Maryland Ba	or other institution give residence befor JNTY 13c. CITY OR TOW Overlea	YES NO X	13e STREET ADDRESS / ZIP COU 15 Madeline A	_
14. FATHER'S NAME FIRST Joseph Premat		15. MOTHER'S MAIDEN N	WIDDLE	LAST
	ARMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 212-05-1		ADDRESS atta 15 Madeline	e Avenue 21206
PART I DEATH WAS CAUS	only one couse per line for (o), (b), on SED BY: ATE CAUSE (o)	ory failure		minutes
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF)isease	years
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	minal disease or condition gi	IVEN IN PART I IO
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
OR CONTRIBUTING CAUSE OF O		AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
saw the deceased alive a	pital) attended the deceased from 6000000000000000000000000000000000000	O DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	, 1986 , that (I) (we) lost our and from the couses stated
22d. PHYSICIAN'S NAME (TYPE	D. Reed	The America	6701 N, Charles S	t.
230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

7110 Belair Road Baltimore Md. 21206

Cemetery Baltimore Md.

| 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JUNG

Sulia Davidson Mandale

nema 21 and entire area, standard

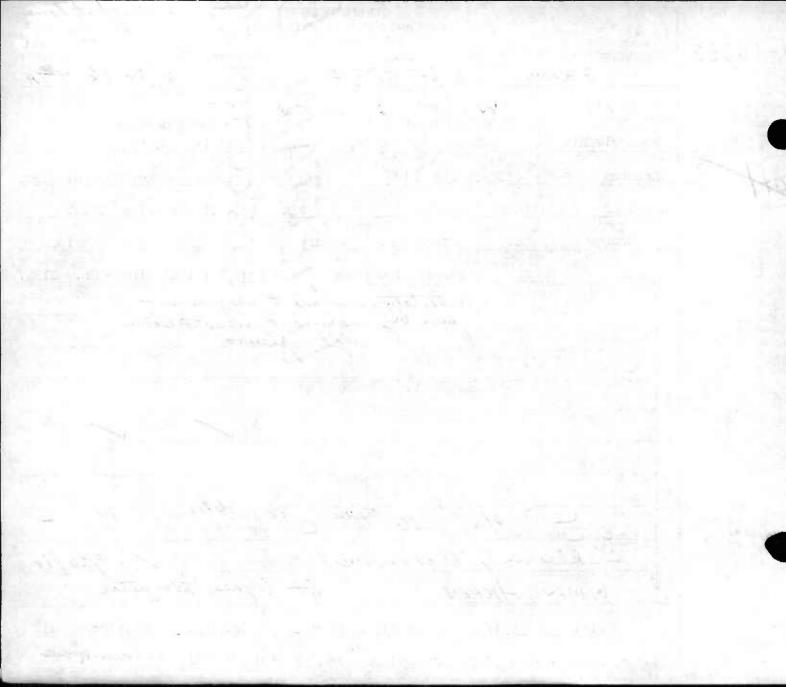
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00-	11	189	3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 1201	LI OR ATTENDING PHYSICIAN: The law requires that the death certificate in executed within 2 hard and from 4 may be the haspital as attending physician.	L DRECTOR. After this certificate has been signed by the attending physician and completing filled in bythe function page stacked for use as the burial-transit permit. Then please remove carbon pages. Fages 1 and 2 should be filled within 72 hours often deart. Concepting the filled within 72 hours often deart. Conception of Health and Mental Hygiene prior to burial, cremation, or removal.	: If them 21 is marked or them 18 shows any injury, or other traumatic event, the med cate examine removes approached an example of the contract of the contra
DIVISION OF VITAL RECOR	ALOR ATTENDING PHYSICIAN: The law recthe haspital or attending physician.	I. DRECTOR: After this certificate has been signed by the attending physical effected for use as the burial-transit permit. Then please remave carbon paper to Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.	: If Item 21 is marked ar Item 18 shaws any in

					TE OF MARYLAND		- Irail	
	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE & O	16	9 0,
		CEASED NAME FIRST	WIDDLI		LAST	2a. DATE OF DEATH	MONTH DAY YEAR	76 HOUR
		GEORG			CE, JR.		6 26 86	4-AM
3	3. SE	MALE	4 RACE WHITE	MONT	OF BIRTH 23 28	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS
1		RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	U.S.A	MARRII	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	r county of DEATH	MD
5		Arbutus	(IF NOT IN SUCH FAC	PITAL, NURSING HOME ILITY, GIVE STREET ADDRESS) TCle Drive	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 126. KIND	
5	USU/ 130 S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	OTHER INSTITUTION GIVE I NTY 13c.		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 1224 Circle		
7	14. FA	ATHER'S NAME FIRST George	MIDDLE E.	Price, Sr.	15 MOTHER'S MAIDEN NA		LA	Reimer
		WAS DECEASED EVER IN U.S. AF	MED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
			rea 2	209-20-8784	George E. Pr	rice, III 12		21227
	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	conditions <u>contr</u>	A CONSEQUENCE OF		AINAL DISEASE OR CONT	DITION GIVEN IN PART 1	19.33
	RTIFIC					YES NO	IN CERTIFYING CAUSE	S OF DEATH?
	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp sow the occessor alive or above. (1) We) (did) did no 22b. SIGNATURE	ATH HOUR A.M. P.M. 21e PLACE OF IN (AT HOME, STREET, F.	MONTH DAY YEAR 19 JURY ACTORY OFFICE FARM ETC.) 19	21t. HOW INJURY OCCUR 21f LOCATION STREET The street of that in (my) for opinion DEGREE ATTENDING PHYSICIAN [PHYSICIAN	city or to	orte and haur and from the	that (I) we ast e causes stated
/		22d PHYSICIAN'S NAME (TYPE OF MY)	HICKE		22e ADDRESS	agnes &	logaital	
		BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	Dollimon	STATE
	24 FL	Burial JNERAL DIRECTOR	7/1/86		wn Cemetery	Woodlawn TE REC'D BY REGISTRAR	Baltimor 25b REGISTRAR'S SIGNA	
	Н	ubbard Funeral	Home, Inc.		ens Ave.	IN 30 1986	juna wavidson-1	jandelle

DHMH - 16 50M 1/81 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BATTIMORE, MARYLAND 21201 RATTENDING PHYSICIAN. The Computer float the depth across the executed within 24 hours offer depth. Page 4 may be receiped an administrate has been signed by the other depth across and completely filled in by the funeral director, page 3 with this certificate has been signed than please emphasized. Figure 1 and 2 should be filed within 22 hours after depth and Mental Hygues pile. So buried, stemption of the medical decapine making the stemption of the medical decapine making the medical decapine.	00	- 0	89	86
4 5 M 2 5 E	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	R ATTENDING PHYSICIAN. The line requires that the draft and can be executed within 24 hours offer death. Page 4 may be negated as otherwise physician.	HECOS. After this certificate has been upted by the attended to provide an end completely filled in by the funeral director, page 3.9 CO and for use as the burnal-training permit. Then please remove concepting from 2 should be filled within 72 hours after death CO.	m 21 is marked as them 18 shows afty injury, as other traumatic events the medical decompose marked as once

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6	6	-	7
REG. NO.			

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.	1 0	
I. DECEASED NAME FIRST	M	DDLE	L	AST	20. DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
	elyn			Pugh		6 6	86	1 AN
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHOAY	# UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Female	White	e	MONI		60	YRS.	MOMINS	I TOOKS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIE		9. BALTIMORE CITY	OR COUNT		Hill Hy
Maryland	US.	A	WIDOWE		Balt	imore	County	MD
O CITY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTITUTION	12s USUAL OCCUPA		126. KIND C	F BUSINESS OR
Middle River	6 Righ	t Aileror	Stre	et 21220	Housewi	ie	Home	making
USUAL RESIDENCE (IF NURSING HOME 13d. STATE 13b. CO [aryland Ba.	or other institution of unity Ltimore	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	XIP CON Ailer	ron St.	21220
4 FATHER'S NAME				15 MOTHER'S MAIDEN NA				
Frederick	WIDOLE	Tawney		Cora	WIDDLE		Hil	tz
60 WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR	RITY NO.	17 INFORMANT		RESS		
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR OATES)	219-18-4	4632	Mary Jane	Orr 6 Righ	t Aile	eron St.	21220
18 CAUSE OF DEATH (Enter	arly and says a par l	and factor the and	Lieut	ic Lateral			APPROX	MATE INTERVAL ONSET AND DEATH
PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WERE FINDS	NGS USED
45					YES NO		YES 🗌	NO 🗌
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURED	DEATH HOUR A.A. NER) P.A. 21e PLACE C	A. MONTH DA A. DEINJURY	19	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF IN		COUNTY	STATE
WHILE NOT WHILE O	(AT HOME, STRE	ET, FACTORY, OFFICE FA	ARM, ETC)	21MEE)	Cittos	101111		
22a. I certify that (I (this had saw the deceased of above (I) (ke) (did (did 22b. SIGNATURE		Contract of the Contract of th		nd that in (my) Jour) opinion DEGREE ATTENDING PHYSICIAN [TAFF L	our and from the	
22d. PHYSICIAN'S NAME (TY	E OR PRINT)	7-00		22e ADDRESS	_ DIRECTOR _ PHY.	JIC IAIN K	4/	100
SUSAN DENM				Beacham Amb	ulatory Ca	re Cer	nter Bal	to.Md.
38 BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N	AME OF	EMETERY OR CREMATORY	23d LOCATION		d Charles	STATE
(SPECIFY) Burial	6-9-86	Mo	relan	d Mem. Pk Cen	n.	Balti	more, Ma	ryland
24. FUNERAL DIRECTOR LASSAHN FUNERAL	1 Home	74.00 1	BelA		THE OFFICE	AR 256 REGI	STRAR'S SIGNA	TURE Conde

DHMH - 16 50M 4/83 (VRA 15, 4)

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	m.f.		EASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
y be	deoth .		Lorraine	Elizab	eth	PULLEN		June 26	198		7:10 pm
DE	frer of	3. SEX		4. RACE		5. DATE (6 AGE (IN YEARS LAST B		UNDER I YEAR	HOURS MIN.
a a a a a a a a a a a a a a a a a a a	urs a		F	W			ly 4, 1920 AR	66	YRS.		
	10 10		OUNTRY) Md.	76 CITIZEN OF		RY? 8. MARRIE	D NEVER MARRIED		_		
10/	1101	10.00				WIDOW	DR OTHER INSTITUTION	Baltimore			MD.
	2 d	В	altimore	(IF NOT IN SUC Fr	anklin	Square	Hospital	(TYPE OF WORK FOR MOST Homemake	OF WORKING LIFE)	INDUSTRY	OF BUSINESS OR
n 24 hou	filled in	13a S	Md.		Baltin		13d. INSIDE CITY LIMITS? YES 🖄 NO 🗌	509 E. 26	th St.		21218
MAKTL ted withi	and 2 s	1	Francis A.					el C. Saylor		LAS	
KESTON ST., BALLIMOKE, death certificate be execu	S. Poges		(AS DECEASED EVER IN U.S. AR	MED FORCES?	212 26		Mr. Robert	L. Pullen	2626 F	Rocks	2103
ol., BAL	physicie on paper emovol. event, th		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per D BY: TE CAUSE (a)	Cardio	ondicu pulmona	ry Arrest			BETWEEN	IMATE INTERVAL ONSET AND DEATH
that the death ce	d by the attendin eose remove carb al, cremation, ar i or ather traumatic		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	(ib)_	R AS A CONSE End-Sta R AS A CONSE	age Ch	ronic Renal	Failure			
S S	gne buri bury, o	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO				MINAL DISEASE OR COM	NDITION GIVE	V IN PART 1	0
9 P	t. The or to y inju	TIO			Diabete		litus				
At KEC	ne pri	CERTIFICATION	190 DATE OF OPERATION			ICH OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY YES		NGS USED S OF DEATH?
ICIAN: 9 physic	buriol-tronsit Mentol Hygie ar Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ALIT .	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	T (OR PART 2)	
DIVISION OF VITAL KELOKUS, NG PHYSICIAN: The low require outending physician.	s the bur and Me ked ar H	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFI	ICE, FARM, ETC)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
ATTENDI	CTOR: Aft I far use or of Health		220. I certify that () (this hasp saw the deceased alive an abave,) ((we) (did) (did	tol) attended the	26 ofter death.	<u>June</u> ∘.86∘	nd that in (n)() (aur) apinio		26, 10 date and have	and from the	
	(AL DIRE) detoched ate Dept AT: If Item		22b. SIGNATURE	(XX	ellen	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN	6-26	SIGNED -1986
SPIT,	111 01 10 2		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				
TO HOSP	to FunEral should be det with the State IMPORTANT:	17	Dr. Kay C	Kitch	en M.D		9000 Frank	lin Square	Diagram	Della	01007
₽ 5 BP_	≓ 5 3 <u>₹</u>	23a B	URIAL, CREMATION, REMOVAL SPECIF Burial		1 2	3c. NAME OF	emetery or crematory od Cemetery	23d LOCATION	imore, 1	AGINTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

ADDRESS 6500 York Rd.

Square Brive Bal 23d LOCATION "Balttimore, Material

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

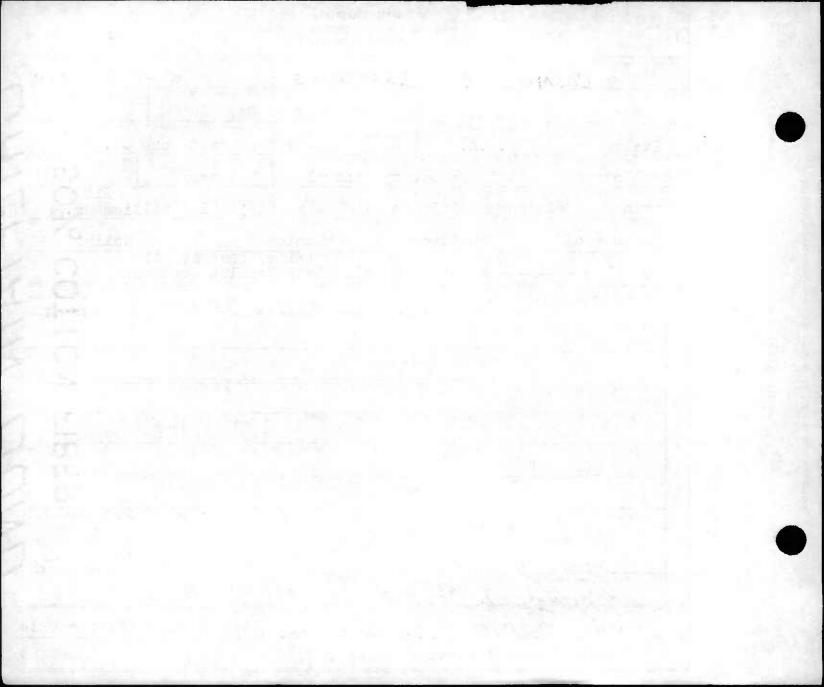
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R	EG. NO.				

1.05	CEASED NAME FIRST	WIDDLE		AST	REG.	NO.	DAY YEAR	2b. HOUR	
	E OR PRINT)	Moute and	0.	and the second	20 DATE OF DEATH				
	COS	MO A	S DATE C	ATTRONE	6 AGE (IN YEARS LAST I		16 86	22.0	
3. SE		4 RACE	MONTH	DAY YEAR	- /	SIRTIDAT)	MONTHS DATS	HOURS M	
	Male	Cauc.		20, 1900	86	YRS.			
	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	_			
	Italy	U.S.A.	WIDOWE			timor	_		
	ndallstown	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Baltimore	County	General	(TYPE OF WORK FOR MOS	OF WORKING L		_{F BUSINESS} auran	
130 5	at residence (if Nursing Home of State 13b, Cou	or other institution give residence entry or latimore Balt		13d INSIDE CITY LIMITS?	13, STREET ADDRESS 1530 Kir	zip cod	21 lliam	228 Dr.	
14. F.A	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME				
	Francesco	Quatt	rone	Domenic			Gali	ni	
	WAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT (WIT				111	
	(IF YES, G	279-2	8-6868	Elizabeth	Kernick (Quatt	rone		
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c) CONDITIONS CONTRIBUTING	EQUENCE OF		INAL DISEASE OR CO	20h IF YE IN CERTI	S, WERE FINDING CAUSES	IGS USED	
CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR					
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	To a local					
MEDICAL	216 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FICE FARM, ETC.)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATI	
	220. I certify that in (this haspital) attended the deceased from 23 , 19 to 26 , 19 that that (we) loss sow the deceased alive an 19 that in (per) (our) opinion death occurred on the date and hour and from the causes stated above, if (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR								
	-610.	The second second							
270 5	22d. PHYSICIAN SAME TITE	TRO DATE	M.D.	22e. ADDRESS		G. 17			
	BURIAL, CREMATION, REMOVA	7. R.C. 7/1/86	23c. NAME OF C	270. ADDRESS EMETERY OF CREMATORY Calvary Cem.	23d LOCATION Steuber		•	son	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



FOR STATE REGISTRAR 00-0840

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	6	-	6	1	9	6
	REG. NO.					

or the contract of the contrac		CEASED NAME FIRST OR PRINT)	M.	OUICK	AST	20 DATE OF DEATH MO	6.2.86	26 HOUR 5/20!
rs ofter de	& SEX female		4. RACE White	5. DATE C	DAY YEAR	6 AGE TIN YEARS LAST BIRTHD	MONTHS DAYS	IF UNDER 24 HRS
72 hou		Maryland	T.S.A.	MARRIE			more, Co.	٨
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should be	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN	ITY 13c. CITY O		YES X NO	13e.STREET ADDRESS / Z		06
000	14 FATHER'S NAME FIRST George		E. Trabe	rt LL SECURITY NO	15. MOTHER'S MAIDEN NAME FIRST Artice	MIDDLE	Bott	ts
S. Pages		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNENDWN) (IF YES, GIVI 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	E WAR OR DATES)	-09-8852	Grace W:	ilkens 3396	6 Dulany St.	MATE INTERVAL
n signed by the Then please rer to burial, crem injury, or other	NO	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A COM		NOT RELATED TO THE TERM	IN AL DISEASE OR CONDIT	ION GIVEN IN PART 110	
os been s permit. Th ne prior to ws ony inji	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	11	Ob. IF YES, WERE FINDING N CERTIFYING CAUSES O	OF DEATH?
the buriol-transit and Mental Hygie ed or Item 18 sho	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (15 EITHER NOTIFY MEDICAL EXAMINER 218. INJURY OCCURRED WHILE NOT WHILE		19	216 HOW INJURY OCCURS 211 LOCATION STREET	YES NO RED (ENTER NATURE OF INJURY IN		NO STATE
CTOR: After de os de os de de os de de os		220. I certify that (I) (this haspit sow the deceased alive on above, (I) (v.e.) (did) (due not	-614	19.80 h	nd that in (my) (gal) opinion of	death occurred on the date	and hour and from the co	
JERAL DIRE		226 SIGNATURE	an hitis	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATES	86
should be with the Str		PU WS 100	IT AM M		22e ADDRESS			
		Burial Burial	23b. DATE 6-6-86		Ridge	23d. LOCATION CITY OF YOWN Baltimore	Md.	STATE
- 16 60M 7/84	24 FU	INERAL DIRECTOR Leonard J. Ruc	k. Inc. 5305°	ORESS Harford		REC'D. BY REGISTRAR 256	, REGISTRAR'S SIGNATU	IRE

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Regulard D.S.s. : "Allinore Co. Den. Massivas Romenauer at home
d. Eartimore K 5912 roudles Ave.

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ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	REC REC			view the bady after death.	DEGREE		221 DATE SIGNED
BP 236 BURIAL CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION BALTIMORE COUNTY MARYLAND	0 0 0 0 0 4		MIT (Quela Sim	ATTENDING	MEDICAL STAFF	6-16-86
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BP_ BURIAL 6-19-1986 WOULAWN BASTIMORE COUNTY MARYLAND	OT OF SHAPE	720			NAME OF CEMETERY OF CREMATORY		700000
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			CEASED NAME FIRE OR PRINTS	RST A. MIDDLE	LA	51	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	1 15			garet RAMPMEY	ER		June 6, 19	86	12:00a M
- 9	2 2	3.5	* -	4 RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST E	IRTHDAY) IF UNDER	TYEAR IF UNDER 24 HRS
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ORO	F F F F	TION							
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7	A P D D T B	3	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE			216. HOW INJURY OCC	CURRED (ENTER NATURE OF IN	URY IN ITEM 18 PART I OR P	ART 2)
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	5 E E E E		228. SIGNATURE	Maill	D	ATTENDIN		AFF	DATE SIGNED
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1	American Management of the first of the firs	-		ill, M.D.			Franklin Sq	uare Dr.,	21237
		230	BURIAL, CREMATION, REM	OVAL 236 DATE		METERY OR CREMATO	CITY OR TOWN	- Sounty	A STATE
	BP	1	DURI AC	6-1-86	101-714		DATE REC'D. BY REGISTRA	ATUO	ICNIATION.
D	PHMH - 16 60M 7/84	12	CALL DIRECTOR	SKARDA 3218	mode offer	57.	JUN 1 2 1006	R 25b, REGISTRAR'S SI	Andelle
	(VRA 15, 4)	4	of flynd -	01-0 HILPHING	A Door	0/	1300	0	

age 4 may t	rectar, page urs after dec	
P	the funeral di within 72 ho	med of open
TO HOSPITAL OK ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after view and transfer and treatment or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after decount he State Dept of Health and Mental Hygiene priar to burial, cremation, or removal.	IMPORTANT: If them 21 is marked at them 18 shows any injury, at ather traumatic event, the medical examines must be bottlined at a constant.
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(VRA 15, 4)

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may be . page 3 ter death	[ITPE	Vivian	May RATCLIFF			June 15. 1	986	9.20A M
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A THE PARTY	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	JRSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KINI	D OF BUSINESS OR
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d corte	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		
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TEN ITEN Or us or us	M		June 15		and that in 🍘 (aur) apinian			the causes stated
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etained to FUNE should be with the Simple to FUNE		Sholdon Mila	M D		2000 - 10			
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TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages 1 of a should the State Dept. of Health and Mental Hygiene priar to buriol, cremation, ar remayol.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2130 in 24 hou TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be retained by the hospital or attending physician.

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ARTMENT	OF	HE/	ALTH	AND	MENTAL	HYGIENE	
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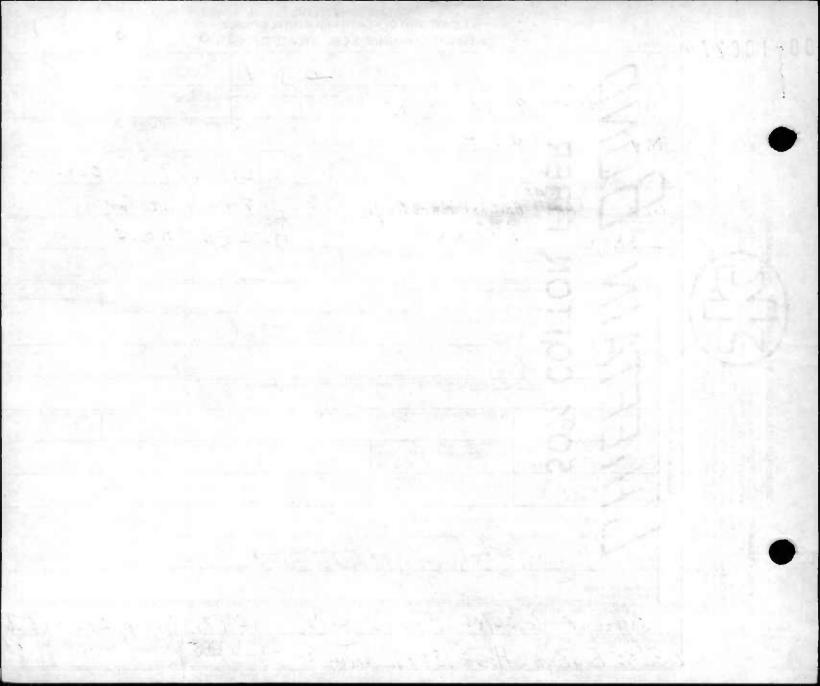
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1.	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	IENE 8 6) ().	5 1 9 8
	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DA	4
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3 SE	X	4. RACE	THE NAME OF	5 DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR IF UNDER 24 HRS
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	Vebraska	USA		WIDOWE		Baltimor	e Cour	nty MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		128. KIND OF BUSINESS OR INDUSTRY
N	<i>N</i> oodlawn		Brevort Re			Homemaker		
13a S		or other institution unity altimore	GIVE RESIDENCE BEFORE 134, CITY OR TOW Woodlawn	N	YES NO 🔀	13e.STREET ADDRESS / 7808 Brevo		ad 21207
14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAST
	Thomas	G.	Weave		Rebecca	ADDRE	cc	Miller
		GIVE WAR OR DATES)						3 04007
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	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per SED BY:			a event			BETWEEN ONSET AND DEATH
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CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?
1 2	210. ACCIDENT WAS UNDERLYING			WEAR.	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INSUI	Y IN ITEM 18 PAR	IT I OR PART 2)
	OR CONTRIBUTING CAUSE OF D	ZEATH	M. MONTH DA	19				
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	0000	211. LOCATION	CITY OR TO	wn	COUNTY STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET FACTORY, OFFICE, F	ARM, ETC)	STREET			
	220.1 certify that (It (this has sow the deceased alive a obove, (It (we) (did) (did	on6/	15 19 8	₹	nd that in (my) (our) opinion o	death occurred on the de	ote and hour o	ond from the couses stated
1	22h SIGNATURE	nor, view the body	oner dedin.		DEGREE	No and the second		22c. DATE SIGNED
	> C.	Se	6	_ /	ATTENDING PHYSICIAN	MEDICAL STATE	IAN [6/17/86
	224 PHYSICIAN'S NAME (TYP	E OR PRINTI		22.	22e ADDRESS			
	Galvez ,	2,6,			5400 Old Cou	urt Road		
	BURIAL, CREMATION, REMOVA	AL 236 DATE	23c. N	NAME OF C	CEMETERY OR CREMATORY	23d LOCATION		COUNTY STATE
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H	ubbard Funeral	Home, I	nc. 4107	Wilke	ns Ave. JU	N 1 8 1986	juna Da	widow-Harden

DHMH - 16 60M 7/B4 (VRA 15, 4)

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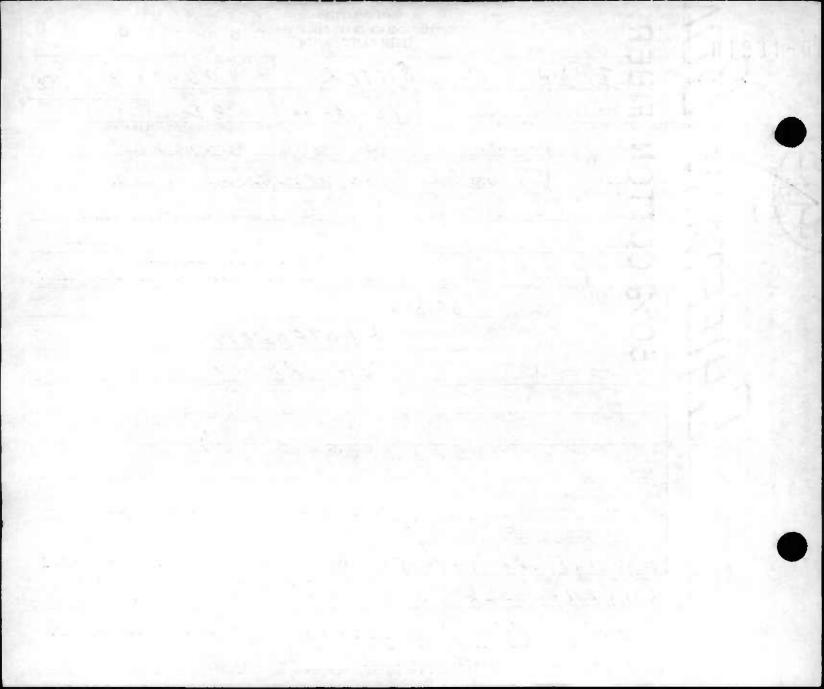
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN YEAR 2b. HOUR (TYPE OR PRINT) ESTI-0.3 TO THE FUNERAL DIRECTOR.
AIN PAGE 6 FOR YOUR FILES.
ILD BE FILED WITHIN 72 HOURS
ORDS. 20 W. PRESTON STREET, DEATH MATED XX eid 8 E. Tyrone 6-19 86 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 12:41 P. M FGRO PRONOUNCED DEAD 6-22 19 86 J YRS Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED U.S. A. WIDOWED Baltimore County, DIVORCED LO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SC hooL STUdeN rarkville Loch Raven Reservoir 2, AND 3 TO 3. RETAIN P. 2 SHOULD BE. ALRECORDS SUAL RESIDENCE LIEIN 13a STATE 13d. INSIDE CITY LIMITS? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WIRTING THE WORD." FRONDING" IN PROFICE, IN 17EM 18. GIVE PAGES 1, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3- TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - IRANSIT FERMIT. PAGES NAND 2 SAFTER DEATH, WITH THE STATE DEPARTIMENT OF HALLH AND MENTAL HYGIENE, DIVISION OF WALL BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST 0 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** (IF YES, GIVE WAR OR DATES) TYES NO OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? (Head Only 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) XOR HOUR XXXXMONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 2:30 P.M. 6-8 19 86 subject recovered from water 21e PLACE OF INJURY (ATHOME. IL LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Providence Rd., Parkville, water Loch Raven Rd., (Head Only 220 I certify that took charge of the remains de Agrident XX death resulted # Hamicide . Undetermined manner ACTUAL Assistant 6 - 23 - 86SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. TYPE OR PRINT 23c. NAME OF CEMETERY OR 23d LOCATION 07/84 BP 24. FUNERAL DIRECTOR **DHMH - 17** NAME (VR A15 ME (5))



	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	1	6 2	0 0
	[TYPE	CEASED NAME FIRST	A	P	Ric	TOR.	20 DATE OF DEATH MONT	29-	86	26 HOUR
	3. SE:	'F emale	Caucasi		5. DATE C	DAY, YEAR		YRS		IF UNDER 24 HRS. HOURS MIN.
3	Ů	IRTHPLACE ISTATE OR FOREIGN COUNTRY) ITY OR TOWN OF DEATH	U.S.A		MARRIEI	NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED	9 BALTIMORE CITY OR CO Baltimore 120 USUAL OCCUPATION	Count	y	MD F BUSINESS OR
5	Ro	andalls town AL RESIDENCE (IF NURSING HOME O	Baltimo	re Count	T ADDRESS)	eral Hospital	Clerk-U.S. F.	KING LIFE) IN	G.	BOSINESS OR
5	130. S Mar	STATE 136 COU		Woodlan	WN	13d INSIDE CITY LIMITS? YES NOOTHER'S MAIDEN NA	13e.STREET ADDRESS / ZIP 2030 Read Ro	-	2120	17
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1	16a V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (1F YES, GT	VE WAR OR DATES)	220-20-9			Gloria Mitche ad Baltimore,			21207
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7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DE CHE EITHER NOTHEY MEDICAL EXAMINE 216 INJURY OCCURRED	HOUR A./ P) P./ 21e PLACE (M. MONTH E M. DF INJURY	19	21t. HOW INJURY OCCURE 21f. LOCATION STREET	RED (ENTER NATURE) III IN III	EM 18 PART 1 (OR PART 2)	STATE
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_	(BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/2/8	86 W	lood1m	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Woodlawn		imore	MD.
34		uneral directoil oring 28 Liberty Road		uneral D	irecto	rs, Inc. 750 DAT	REC'D, BY REGISTRAR 256, R	EGISTRAR'		

DHMH - 16 60M 7/B4

(VRA 15, 4)



0-1116:	3	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	B D REG. NO.	16201
may be page 3		ECEASED NAME FIRST PE OR PRINT) Ada	M	RITTERMAN	June 29. 1986	DAY YEAR 25 HOUR 5:13DM
moy .	3 5		4. RACE	5 DATE OF BIRTH	6. AGE TIN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
00 1 L	1	FEmale	White	Dec. 17 1923	62 YF	
deoth Po	1	W.Va.	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (
ofter o	1	CITY OR TOWN OF DEATH	(IE NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIE	NG LIFE) 126 KIND OF BUSINESS OR INDUSTRY
SLAD	1151	ROSSVILLE JAL RESIDENCE (IF NURSING HOME OR	Franklin Sq	uare Hospital	Housewife	
24 b	5 130	Md. Ba.	lto. Essex	YES NO **	13e.STREET ADDRESS / ZIP C	
# 15/0	7	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	LAST
P 1/3/	1	Laurence	W. Jones	Hazel	Μ.	Copeland
executed and a second of the s		1.441.4	WAR OR DATES)		ADDRESS	
reentificate be in physician of phonopapers. Per removal.		no	234-40 ly one couse per line for (a), (b), or		Ritterman 1419	9Winterpark Ct. APPROXIMATE INTERVAL BEJWEEN ONSET AND DEATH
equires that the death in signed by the oftend. Then please remove cost tro burial, cremation, a	NOI	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU	nial Hemorrhage	minal disease or condition	GIVEN IN PART 110
The low re ricion. te has been stip permit: 1 giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES XX NO
IYSICIAN: The ding physicion is certificate housing-transit physician in the month of the month		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	In .	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
ING PHYS r offendin After this c os the bur Ith and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND pritol o TOR: A for use of Heo of Heo		22a-I certify that (I) (this haspit saw the deceased alive an abave, (I) (we) (did) (did nat	al) attended the deceased from June 29	June 16 , 19 86 86 , and that in (my) (aur) apinian	, to <u>June 29</u> n death accurred on the date and	, 1986, that (1) (we) last hour and from the causes stated
by the by the ERAL D		THE SIGNATURE	Lew ne Any	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/29/86
TO HOSPITAL etoined by to TO FUNERAL should be defined the Stote with the Stote IMPORTANT.	3	Grace Kenne	edy, M.D.		lin Square Dr.,	21237
7 5 5 4 3 ¥	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	26	Burial	7/3/86 Ne	thkenHillCemete	TE REC'D. BY REGISTRAR 256 REC	n W.VA.
DHMH - 16 60M 7/84 (VRA 15, 4)		FUNERAL DIRECTOR NAME ConnellyFuner	alHome 300Mac		IUL 2 - 1986	GISTRAR'S SIGNATURE

	FOR STATE REGISTRAI
1. DEC	CEASED N.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	2	6	-3	(3)	7
	1	0	dia	0	6.00
REG.	NO.				

0 J	REGISTRAR		WEI		VEK 3 CEKTII	ICATE OF	DEATH	REG. NO.			-
	(TYPE OR PRINT)	AME FIRST		WIDDLE	LAST		2a DATE K	NOWN X	AONTH DAY	YEAR	2b. HOUR
de la	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Regina	ld :	Paul	Rizz	2	DEATH /		6 26	5 19 86	M
128E	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN Y	EARS IF UNDER 1 Y	R. IF UNDER 24			ONTH DAY	YEAR	2d. HOUR
SWZ	Male	White	8 31		RS. MONTHS DAYS	HOURS MI	PRONOUNC DEAD	.ED	6 26	1986	7:43P
300	7a. BIRTHPLACE	(STATE OR	76. CITIZEN OF WH	AT COUNTRY?	8 MAPPIED TO	NEVER MARRIED	9 BALTIMO	RE CITY OR C			
20	Maryla	nd	U	SA	WIDOWED -	DIVORCED		timore	County	7	MD
5//	10. CITY OR TOW	/N OF DEATH		PITAL, NURSING HON	E, OR OTHER INST	TUTION 12	O USUAL OCCUPA	ATION (TYPE OF	WORK 12b K	IND OF BU	SINESS
2/	Essex	- 2		Square Hos	spital		Foreman	4G (IFE)			achine
01	USUAL RESIDENCE	CE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	ION)	DE CITY LIMITS? 134	e. STREET ADDRES	S		op 21	
	Marylan				YES	NO St	109 Fitz	hugh Ro			
2	14 FATHER'S NA	ME	MIDDLE	LAST	15. MO	THER'S MAIDEN N	VAME	DIE		LAST	
40	I.		Neil	Rizzo		Alice			Co	yle	
7	160. WAS DECEA	(SED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURI	TY NO. 17. INFO	RMANT		ADDRESS			
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	18. CAUSE	E OF DEATH (Enter an	ly ane cause per line	for (a), (b), and (c).)					BET	APPROXIMATE	INTERVAL AND DEATH
AL.	PARIT	DEATH WAS CAUSEI	TE CAUSE (a) Arte	eriosclero	cic cardi	ovascula	r disease	2			
REMOVA			DUE TO, OR	AS A CONSEQUENCE	OF						
		tians, if any, which	(b)								
L, CREMATION, OR		(a) stating the <u>under</u> - cause last.	DUE TO, OR	AS A CONSEQUENCE	OF		•				
			(c)								
		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH I	OUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	TION GIVEN IN PART 1	(0).				
_	190 DATE 210. EXTER	0.0000000000000000000000000000000000000									
	S IN DAIL	OF OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION WAS PERF	ORMED?				AUTOPSY?	
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Z	UNDERLYI	ING OR	HOUR A.M	MONTH DAY YEA	R ZIE. HOW INJU	INT OCCURRED (ENTER NATURE OF INJU	IT IN ITEM IS PAKE	I OK PART 2)		
1	V	UTING CAUSE OF	DEATH P.M.		21f. LOCATION						
		NOT WHILE	STORET FACT	ORY, FARM, ETC.)	STREET		CITY OR TOW	4	COUNTY		STATE
	AT WORK	AT WORK									
Ž.	22a I ce	ertify that I taak charg	e of the remains desc	cribed abave, held an	Autopsy X	Inspection	, Inquiry	,ond in	my opinion		
5	death res	sulted fram: Natur	ral causes X,	Accident , S	vicide 🔲 , HD	micide/	Indetermined mon	ner .			
MORE, MARYLAND,	ACTUAL	An	0.	X		(SPECIFY)			DATE		
D	SIGNATUR	RE AV	MAN)		M.D. AS	sistant	MEDICAL EXAMI	VER	DATE SIGNED_E	5/27/8	36
1	EXAMINER	R'S NAME 7	nn M Dise	on M D		111 Do	nn Ct I	Dalta M			
-	(TYPE OR F	PRINT)A	nn M. Dix		ADDRES			Balto.M	υ.		
	(SPECIFY)	MATION, REMOVAL 7	7-1-86		METERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN	70-14-	COUNTY		ATE
	24 FUNERAL DIF		1-1-00		lls Memor		D. BY REGISTRAR	Baltimo	AR'S SKINA	aryla	nd
	NAME	_	ADDRESS	BALTO. W			1988 4	in Dans	1300 1300	The state of the s	
	Lassah	n rynets	Home	DHLID. W	り、 エ・かつ	N P T	1880	1			

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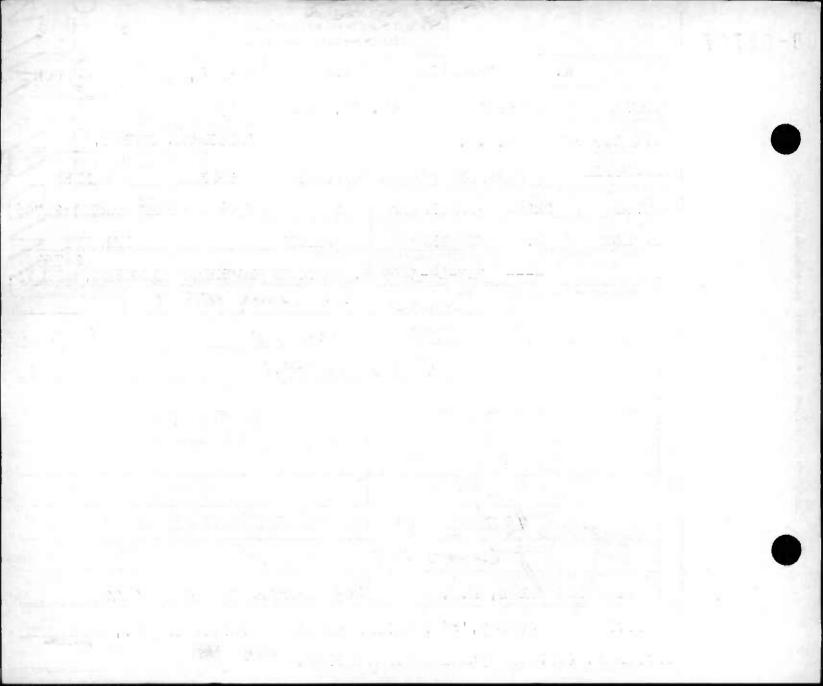
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 1970. R ATTENDING PHYSICIAN: The low requires that the death certificate be executed writing the many be hospital or offending physician. RECTOR: After this certificate has been signed by the offending physician and completely fill getting the inversal director. page 3 had for use as the burial-transit permit. Then please remove carbonoppers. Pages I long 2, hand be all the phase feath and after death.	0	0	-	1	0	7
OC -C OC -		DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 2 PM.	E.	& ATTENDING PHYSICIAN: The low requires that the death certificate be executed with no	haspital or attending physician.	RECTOR: After this certificate has been signed by the ottending physician and completely illustrating the linear property page 3 — hed for use as the burial-transit permit. Then please remove carbanappers. Pages 1 and 2 mand 2

10	1-	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL H	YGIENE 8	6 REG. NO.		6 2	0 4	4
70.5		CEASED NAME	FIRST	N	AIDDLE	L	LAST	2a. DATE OF	DEATH MOI	NTH D	AY YEAR	26. HOUR	
death	(TYPE	OR PRINT)	Beatri	ice	L.	Ro	obertson	Ju	ne 25	, 19	986	5:45	À
ě	3. SEX	(4 8	RACE		5. DATE C	OF BIRTH	6 AGE (IN YE	ARS LAST BIRTHDA		ONTHS DAYS		HRS MIN.
s off		Female	- 10	White	е	MONTH	2/1/1925	60		YRS.	ONINS	HOURS	M IPI.
hours		RTHPLACE (STATE OR	FOREIGN 76.	CITIZEN OF V	WHAT COUNTRY?	8.	DENEVER MARRIED	9. BALTIMOR	E CITY OR C		OF DEATH		
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20		nsdowne	ATH 11.	(IF NOT IN SUCH	HOSPITAL, NURSIN H FACILITY, GIVE STREET Durth A	ADDRESS)	OR OTHER INSTITUTION	120. USUAL O	CCUPATION FOR MOST OF WO EWITE	ORKING LIFE	126. KIND INDUSTRY DOM	of BUSINES: estic	
35	13a S	at residence (# NUR STATE [aryland	136 COUNTY Bal		GIVE RESIDENCE BEFOR 13c CITY OR TOW Lansdo	VN	13d INSIDE CITY LIMITS?		DDRESS / ZI		е.,	21227	
~~~~	14. FA	THER'S NAME	MIDE	DIE	. LAST	7	15. MOTHER'S MAIDEN		MIDDLE			457	
E SO		Henry	WIDE		Riema	n	Beatric	е			B	ound s	5
ges 1		VAS DECEASED EVER	IN U.S. ARMEI		166 SOCIAL SECT		17 INFORMANT		ADDRESS				
Pog med	0	res, no or unknown)	(IF YES, GIVE W)	AR OR DATES)	219=10	-8914	Frankli	n L. Ro	berts	on	Same	as #	1
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iit. Then please remave carb iar to burial, cremation, ar i ny injury, ar ather troumatic	ATION	gave rise to im cause (a), stati underlying coust	mediate ng the e lost.	( (c) NDITIONS <u>CC</u>	That	BENCE OF	NOT RELATED TO THE TE	rminal disease	OR CONDITI	ION GIVE	ER		
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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be	or ottending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3	e as the buriol-transit permit. Then please remove corban papers. Pages, hand 2 speuld be tred within 72 hours after death

0-08707	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE 8 6 1 6	2 0 5
poge 3		CEASED NAME FIRST ME OR PRINT)	VIRGINIA	ROBINS	JUNE 4, 1986	YEAR 26 HOUR NOON M
ge 4 moy ector, po urs ofter d	3 SE	EMALE	4. RACE WHITE	Nov. 10, 1910	75 YRS.	UNDER 1 YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.
Jacoth. Po	M	STRIPLACE (STATE OR FOREIGN VEST VIRGINIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED NORCED	BALTIMORE COUNTY OF COUNTY OF BALTIMORE COUNTY OF	
by the full filed wife	F	ROSSVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET FRANKLIN SQU	JARE HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TELLER	126. KIND OF BUSINESS OR INDUSTRY  BANKING
AND 21:	130. M <i>E</i>		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13C CITY OR TOW BALTIMO	) RE   13d. INSIDE CITY LIMITS?		PARKWAY21206
makyland ted within 24 completely filled hand 2 should be examined.	1		F. KIDWELL	15. MOTHER'S MAIDEN NA FIRST SARAH	MIDDLE	LARGENT
BALTIMORE, cote be executed by sicion and copers. Pages, vol. 11, the medical	160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 213-14-5		BLACKBURN RIDGI	
			nly one couse per line for (o), (b), an ED BY: (TE CAUSE (a)	10- Perlmon	ar arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., or the death certific by the offending ph se remove corbon p cremation, or remo		Canditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	D, sever	P	12 gm
201 es th ned b pleo urrof,		underlying cause lost.	DUE TO, OR AS A CONSPOUR	AD Jover	(NINAL DISEASE OR CONDITION GIVEN	2 4/2s
NG PHYSICIAN: The law requires of the remain of the reduced by the result of the resul	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V IN CERTIFY IN YES NO YES	VERE FINDINGS USED NG CAUSES OF DEATH?
SICIAN: T ig physici gertificate riol-transi ental Hyg then 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
DIVISION  NG PHYS  offer this  of the but  th and M  orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDII spitol or CTOR: A Ifor use a I for use a I for use a I for use a		sow the deceased plive o	n 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (aur) opinion	, to, 19 death occurred on the date and hour a	,, ( ( ( (
TAL OR y the horal DIRE detoched out Depth TIT: If then TIT: If the T		22b. SIGNATURE	& Lows	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL ( TO FUNERAL ( Should be deto with the State ( IMPORTANT: IF		122d PHYSICIAN'S NAME (TYPE	GRUSS, M.D.	220 ADDRESS 405 STEMME	ERS RUN ROAD 23	1221
BP		BURIAL, CREMATION, REMOVA BURIAL UNERAL DIRECTOR		NAME OF CEMETERY OR CREMATORY  ODLAWN CEMETERY  1250 DAT		OUNTY STATE MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)			NSON 8521 LOCH			Introversity of



Ruck Towson Funeral Home, Inc. Towson, Md. 2120

(VR A15 ME (5)) 20M 4/82

	ST	ATE	OF	MARYLAND	
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	FOR STATE REGISTRAR			DEPARTM		FICATE OF DEATH	IENE 8 6 REG. NO	6 2 (	) /
	MARC	FIRS MAI	RCELLA 7	R R	OG	ROGERS	20 DATE OF DEATH MONTH	5/86 3	2 AM
	1.562		4 RACE		S. DATE (	, ,	6 AGE (IN YEARS LAST BIRTHDAY)		URS MIN.
1	Female		White	U	1	0/27/93	92 YRS		
1	7a. BIRTHPLACE (STATE C	OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH	
1	Pennsylv			S.A.	WIDOW		Daltimore	Sunt	MD.
1	M. CITY OR TOWN OF D	EATH		HOSPITAL, NURSING THE FACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BU	6INESS OR
4	IOUSON	_	Ste	lla Maris	Hosp		Saleslady -Fowl		Walker
7	USUAL RESIDENCE (IF NO	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	F	
1	Maryland	Balti				YES NO X	9249 Bellbec		21234
T	14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA/	ME	LAST	
1	John		WOOTE .	Luby		Sarah	MODIE	Hughe	S
1	160 WAS DECEASED EVE			166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRESS		
1	NO OR UNKNOWN)	(IF YES GIVE	E WAR OR DATES)	123-18-15	579	George F. Ro	gers, Jr Same	as #13e	
T	18 CAUSE OF DE	ATH Enter and	y one come per	r line far (a), (b), and	lices	01-		BETWEEN CHIEF	AMD DEATH
1	PARTI. DEATH		E CAUSE 19		lia	Infarch	00		
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1	NA NA				0. 6	N WAS PERFORMED		S, WERE FINDINGS	
1	To 1				O' CKITTIO	ON WAS PERFORMED	IN CERTI	FYING CAUSES OF	DEATH?
1	210. ACCIDENT WAS L	UNDERLYING	) 21b. TIME 9	)F]NJURÝ		21c. HOW INJURY OCCUR	IN CERTI	FYING CAUSES OF ES \( \bigcap \)	
	OR CONTRACTOR	CAUSE OF DEA	TH HOUR	PENJURY M MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	YES NO YE	FYING CAUSES OF ES \( \bigcap \)	DEATH?
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O FUNERAL DIRECTOR

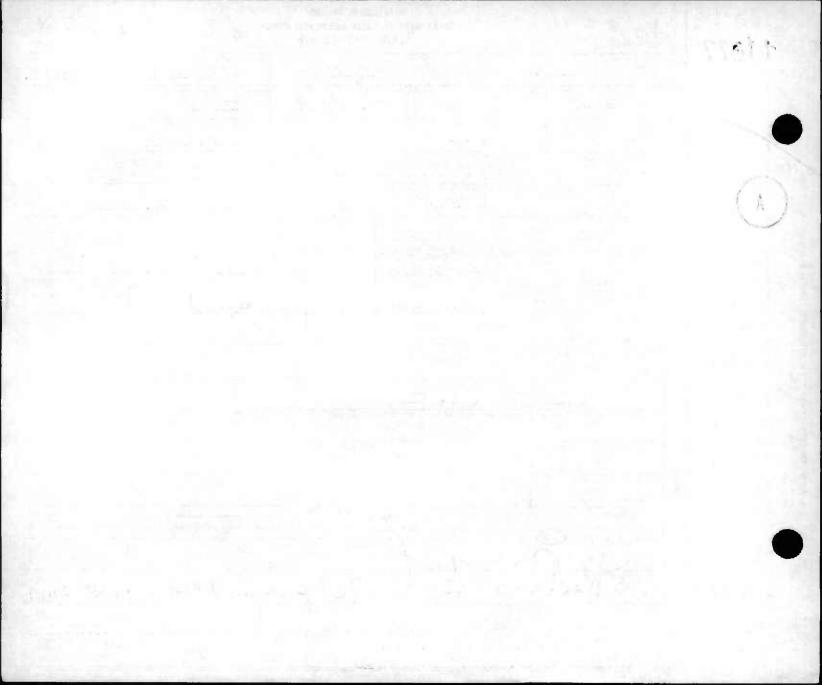
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		FOR	DEPART	STATE OF MARYLAND WENT OF HEALTH AND MENTAL HYG	CIENE	
0-10874	1.	- STATE REGISTRAR		CERTIFICATE OF DEATH	8 6 REG. NO.	6200
be sorth		CEASED NAME FIRLIC	oyd MIDDLE John J.	Rosell	20 DATE OF DEATH MONTH	8-86 12 Fm M
1 1 20 1	3. SE	Male	4. RACE White	S. DATE OF BIRTH  MONTH DAY YEAR  17 26	6 AGE (IN YEARS LAST BIRTHOAY)  4 0  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
132	7a. B	TAdian &	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Bultimore City or COUNTY	County MD
108	10 C	TOWS. A	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	11 11	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY Aircraft
135	USU IJa	STATE 136 COUN	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOW	ADMISSION)	13e STREET ADDRESS / ZIP CODE 822 D Cinnan	21030 Pen Ridge PL
MAKILE ond 2 st	JA E.	ATHER'S NAME Lloyd	Joseph Rose	ell Mabel	Lucille	Enochs
BALLIMORE, cate be execut systican and ca yopers. Pages 1 vol. vt, the medical		YES, NO OR UNKNOWN) (IF YES GIV	RMED FORCES? 166 SOCIAL SECU VW II 303-26-0		ADDRESS Rosell, 822D Cin	namon Ridge Pl
the state of		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on ED BY: TE CAUSE (a) PARD/(	DESPIRATOR	Y ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. FRESTON SI not the death cert by the ottending ase remave carbar i, cremation, or rer ather troumotic ex		Conditions, if any, which gove rise to immediate cause to stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ERMINAL CAR	CINOMA OF	
equires the n signed b Then pleas to burial,	NO	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	/EN IN PART 110
The low residence in the hos been as the print. If you have print shows any if the print shows any in the hose print.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
OPHYSICIAN: The low requires that to ottending physician.  For this certificate has been signed by it is the burial-transit permit. Then please it and Mental Hygiene prior to burial, cretked or Item 18 shows any injury, or athe		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB E	PART I OR PART 2)
offendin fer this of sthe bur hond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, I	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Spital or CTOR: Al Ifor use of Health		sow the deceased alive on	ot view the body ofter death.	, and that in (my) (our) opinion	deoth occurred on the dote and hou	
SPITAL OR A d by the hosy when the hosy be detached be detached e State Dept TANT: If Herr		226. SIGNATORE	Chh		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL TO FUNERAL shauld be det with the Store		PEMY	CHHIM	St. Joseph	Hospital, Tows	on, Md. 21204
PP	23a.	BURIAL CREMATION IMPOVAL Burial		NAME OF CEMETERY OR CREMATORY and Competery		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	. E. Lowell L	emmon, 10 NW:		TE REC'D. BY REGISTRAR 255 REGIST $3.0.1986 - \sqrt{5}$	TRAR'S SIGNATURE

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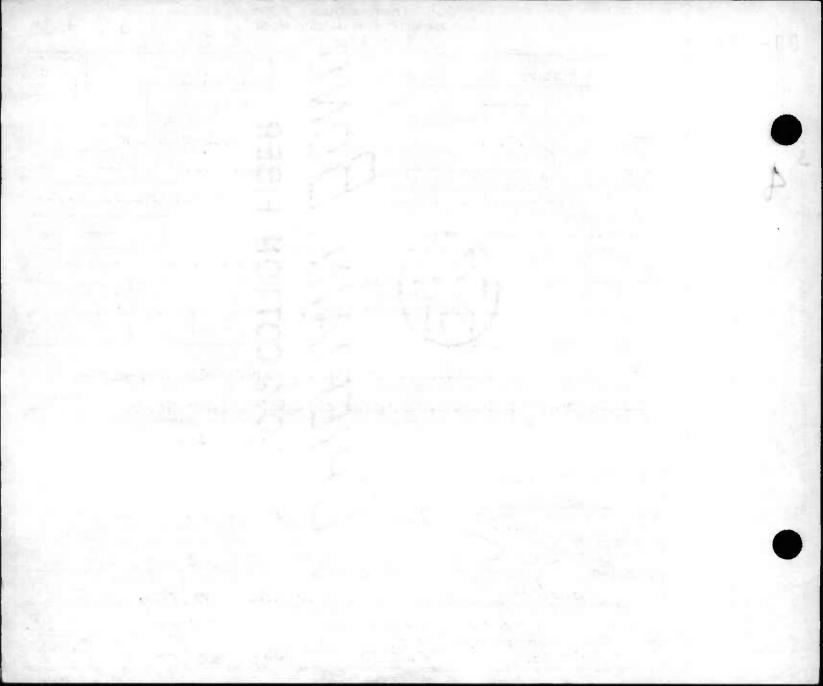
00-11677	FOR 1 - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	16209
3 75		THEL	RUDDIE	JUNE 23,	10 1100K
ge 4 may ge 7 may ector , po ector , po	FEMALE	CAUCASIAN	5. DATE OF BIRTH "OCT. 15,1895"	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
9/	O POLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO COU	
10	BALTO	JEWISH CONVAL	NG HOME OR OTHER INSTITUTION ESCENT HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWIFE	KING LIFE) 126 KIND OF BUSINESS OR INDUSTRY AT HOME
A P	DE STATE MD	13c. CHARTO		130 STREET ADDRESS ZIP 5812 GIST A	VE. 21215
BALTIMORE, MARYLAND 2120  coth be executed with 24 hours  yscion only complises tilled up- ppers. Four 1 and 2 monday his	FATHER'S NAME	MIDDLE LASPA	RKER BRIND	LE	UNKÑOWN
IMORE, IN ORE,	160 WAS DECEASED EVER IN L	J.S. ARMED FORCES? 166 S215-564 YES GIVE WAR OR DATES) 218.33		. SAMUEL APORERUINGE CIR. BAL'	DDIE APT. 3 TO., MD 21208
5, 201 W. PRESTON ST ires that the death cert goed by the attending in please remove corbor buriol, cremination, or re- ry, or other traumatic e-	Conditions, if ony, wh gove rise to immedicouse to, stating underlying couse to	ote the ost.  DUE TO, OR AS A CONSEOL		minal disease or conditio	M GIVEN IN PART IIO
AL RECORD  The law requirer to permit The erie prior to be every with	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
DIVISION OF VITAL RECORDS NG PHYS ELAN. The law requir attending physician the fine certificate has been up on the burile Hyguere prior to be the and Mental Hyguere prior to be and derived if yourse prior to be and derived if shows, any mint	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED  WHILE NOTIFY NOTIFY MEDICALE)	E OF DEATH HOUR A.M. MONTH E  AMMINER  21e. PLACE OF INJURY  ALTHOME STREET EACTORY OFFICE	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART OR PART 2)  COUNTY STATE
DIV R ATTENDESS hospital is: at RECTOR, Afre and for use on the for use on them 21 is mark	22a I certify that (I) (this saw the deceased of	hospital) attended the deceased from		deoth occurred on the date or	. 19, that (I) (we) lost and hour and from the causes stated
HOUSTAL O Doned by the CONNERS O COUNTRY O	22d. PHYSICIAN'S NAME	(ITY OR PRINT) ROOMS MY	ATTENDING PHYSICIAN PARAMETERS PA	FORECTOR   PHYSICIAN	0 0 NOS 21117
BP	230. BURIAL, CREMATION, REM (SPECIFY) BURIAL	23b. DATE 23c. 6/25/86	NAME OF CEMETERY OR CREMATORY ADATH ISRAEL CEMET	23d LOCATION CITY OF TOWN ERY BALTIMORE	COUNTY STATE MARYLAND
DHMH - 16 60M 7/B4 (VRA 15, 4)		OL LEVINSON & BROS. TOWN RD. BALTIMORE	, INC. 250 DA	TE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with a 24 month of a many be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely illied in the time where director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbonapaers. Pages 1 dribly count the line with 12 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the medical examinements minimal an appearance of the second sec
	TO HOSPITAL OR ATTENDIN	TO FUNERAL DIRECTOR. All should be detached for use a with the State Dept of Healt	IMPORTANT: If Item 21 is mo

(VRA 15, 4)

10-08709		FOR STATE REGISTRAR			PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. NO		2 1 0
o pp		CEASED NAME E OR PRINT)	Gust	MIDDLE	RUNGE	JR.	TW DATE OF BEATT	MONTH DAY YEA	n
nay be page	3. SE	X	445	4. RACE	5. DATE C		June 3, 198		7.50 PM
ector.		MALE		WHITE	OCT"	. 12 1895	90	YRS.	AYS HOURS MIN.
1235	70 B	RTHPLACE (STATE OR COUNTRY)	FOREIGN	76 CITIZEN OF WHAT COU	MARRIE WIDOWE	NEVER MARRIED	Baltimore City O	e County	MD.
2/157		TY OR TOWN OF DEALTIMORE		11. NAME OF HOSPITAL, P (IFNOT IN SUCH FACILITY, GIV FRANKLIN	VURSING HOME OF STREET ADDRESS) SQUARE	HOSPITAL	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O CARPENTE)	F WORKING LIFE INDUS	DOF BUSINESS OR TRY
filled in	13a.	AL RESIDENCE (IF NUR: STATE MD .	13b COUR	NTY 136 CITY O	E BEFORE ADMISSION) OR TOWN TIMORE	13d. INSIDE CITY LIMITS? YES NO M	13e.STREET ADDRESS A ROSEC	ZIP CODE PLAC	CE 21236
of with	14. F	ATHER'S NAME GUSTA	/E	RUNGE SI	R.	15. MOTHER'S MAIDEN NA	MIDDLE	EM	1ĞÊ
n and co	160 \	WAS DECEASED EVER YES NO OR UNKNOWN) NO		C LLLE OR OLUTER	03-1301	MABLE RUN	GE (WIFE)	SAME ADD	ORESS
ow requires that the de standard by the att remaint. Then please remaint prior to burial, cremation ony injury, or other trou	CERTIFICATION		mediate ng the e last.	(b) Urose DUE TO, OR AS A CON (c) Indwel CONDITIONS CONTRIBUTION DIES TO THE CONDITION FOR VI	USEQUENCE OF Ling SUP UG TO DEATH BUT		AINAL DISEASE OR CON	DITION GIVEN IN PAR	NDINGS USED
The licton.	RTIFF						YES NO	YES 🗌	NO 🗌
G PHYSICIAN: TI ottending physicia er this certificate the buriol-transi and Mental Hygi ked or tem, 18 sh	MEDICAL CER	21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED  21d, INJURY OCCUR  WHILE AT WORK AT WORK	CAUSE OF DE-	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY.		21c. HOW INJURY OCCUP	CITY OR TO		
HOSPITAL OK ATTENDIN sined by the hospital or of FUNERAL DIRECTOR, Aff build be detached for use as the State Dept of Health in the State Dept of Health		22a.1 certify that (II saw the deceas above, (I) (we) ( 22b SIGNATURE	(this haspi	June 3		DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  9000 Frank		FIAN (F)	the causes stated
P P P S S S S S S S S S S S S S S S S S		BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL	23b. DATE 6/6/86		emetery or crematory od Cem.	23d LOCATION CITY OR TOWN Balti	COUNTY	state.
DHMH - 16 60M 7/84	24 F	9705 Bel	EK FU	JNERAL HOME	. INC.	25a DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIG	NATURE



00-10035	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYD	GIENE 8 6	REG. NO.	5 2	
y be deoth c		CEASED NAME FIRST	or Wil	bert Rup		AST	June	19 1986	AY YEAR	2b HOUR
je 4 moy stor. pog	3. SE		4. RACE Caucasian	n l	S. DATE C	1905 DAY YEAR	6. AGE (IN YEAR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
nerol dire		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	F WHAT COUNTRY?	8. AARRIEI WIDOWE	D NEVER MARRIED	9 BALTIMORE Baltimore	CITY OR COUNTY	OF DEATH	MI
2	A.	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET COURT HOAD	IG HOME C	OR OTHER INSTITUTION	12a USUAL OC LITYPE OF WORK FO WNEY HUP	CUPATION OR MOST OF WORKING LIFE PETT	126. KIND OF SANITATION	BUSINESS OR
TE COM	130. 13r	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU	ROTHER INSTITUTION NTY	N. GIVE RESIDENCE BEFORE PIKESVILLE		13d. INSIDE CITY LIMITS?	1731RE5180	DRESS / ZIP CODE	2	1208
MARYL mplerely		ather's Name lor W. Ruppert	MIDDLE	LAST		15. MOTHER'S MAIDEN NA Bessie Longley	·	MIOOLE	LAST	
e be execution ond co		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	215-32-208		4731 Old Court		ADDRESS Pikesville		1208 yland
RDS, 201 W. PRESTON equires that the death can signed by the attending. Then please remove control buriol, cremation, or injury, or other troumotic	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(b)_ DUE TO, (c)_	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		an acc		
RECO	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERTIF	WERE FINDING	
NG PHYSICIAN: The offer this certificate hose build-transit in one handled Hygels or keep or keep of the month build-transit provided or tem 48 show	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE	ATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19	216 HOW INJURY OCCUR		RE OF INJURY IN ITEM 18 PA	COUNTY	STATE
OR ATTENDING OR ATTENDING The hospital or out DIRECTOR: After oched for use os the open of the other them 21 is market them 21 is market		220.1 certify that (I) (this bose sow the deceased alive or obove, (I) (we) (did) (did not be some alive or obove).	Que	10 198		ad that in (my) (our) apinion	deoth occurred o	on the date and hour	and from the co	IGNED
TO HOSPITAL retoined by the TO FUNERAL should be detrived with the Store	/	27d PHYSICIAN'S NAME (19PE	xK	awaj	a	PHYSICIAN S 220. ADDRESS 8204 Lil	DIDIRECTOR	PHYSICIAN [	balte	20/8E
ВР	Bur	BURIAL, CREMATION, REMOVA	6-21-86	Mou	int Oli	emetery or crematory ve Cemetery	Randall's	stown Balt	imore Mar	
DHMH - 16 60M 7/84 (VRA 15, 4)	872	8 Liberty Road Ran	dallstown	, Maryland 2	21133	J 50. DA	UN 201	986 gular	Aurdour V	prodesta

STATE OF MARYLAND

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Saylor N. August Seele Lagley

Taylor M. Algord States Control of States Contro

A light beautiful Backungson Baltimer Targia.

Leving Diges Papers, Discourage Day

September 1

DECEASED NAME

Male

a. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

UAL RESIDENCE (IF NURSING

George

Conditions, if any, which gave rise to immediate couse (a), stating the

underlying cause last

19s DATE OF OPERATION

TIL PHIURY OCCURRED

77± SIGNATURE

(SPECIFY)

WHAT I NOW I

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH OF STREET NEXT MEDICAL FRAMERS

saw the deceased alive on above. (historial did not) view

(YES NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Maryland

Towson

Maryland

4. FATHER'S NAME

No

TYPE OR PRINT

JE STATE

3 SEX

FIRS1

4 RACE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and 2 PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

22a.f certify that III (the barneted) attended the degraced to

- STATE REGISTRAR

White

Herbert

TE CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY OFFICE FARM, ETC.)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T

216 TIME OF INJURY

P AA

21s PLACE OF INJURY

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

U.S.A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Valley View Nursing Home

DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 6 1 6
AIDDLE	(AST	20 DATE OF DEATH MONTH DE	YEAR 26. HOUR
rbert	RUPPERT, ST		86 2 2 pm
	5. DATE OF BIRTH  MONTH DAY YEAR		FUNDER FYEAR IF UNDER 24 HRS
е	April 3, 1903	83 YRS	
WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
.A.	WIDOWED DIVORCED		imore County
H FACILITY, GIVE STREET A	SHOME OR OTHER INSTITUTION DDRESS)  Arsing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Foreman	126 KIND OF BUSINESS OR INDUSTRY Bakery
GIVE RESIDENCE BEFORE A 134. CITY OR TOWN Baltimo	ADMISSION) 134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 618 N. Highla	
Rupper	15. MOTHER'S MAIDEN NAM	(UNKNOWN)	LAST
16h SOCIAL SECUR	RITY NO. 17 INFORMANT 8	19 Foxwell's Rd.	Joppa, 21085
215-01-0	5280 A W. Herber	t Ruppert, Jr.	
line far (o), (b), and	d stroke w	the Lemiply	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
R AS A CONSEQUE	traduce of	limbs	
ONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART Ico
TION FOR WHICH S	OPERATION WAS PERFORMED	YES NOW IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATHS
FINJURY M. MONTH DA	Y YEAR	ED THESE WATER OF ALLEY IN TENTE OF	IT LORFART TI
OF INJURY	211 LOCATION	CHI 0410494 /	COUNTY STATE
declared from	Fond that follows   we opinion	to	ond from the couses stated
an	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF	121. DATE SIGNED
1501Y	22e ADDRESS 6.3.31	Belair Re	d Balto 2/20

DHMH - 16 60M 7/84 (VRA 15, 4)

June14,1986 Burial

230. BURIAL, CREMATION, REMOVAL

123b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

Baltimore

Md.

Baltimore PROBERTICE. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto. Md. 21214

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

who Davidson Adaptable

DHMH - 16 60M 7/84

(VRA 15, 4)

0	-10646		FOR STATE REGISTRAR			DEPARTMENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYGIEN	IE REG. NO	1 6	2 1 3
/	be seth		I. DECEASED NAME (TYPE OR PRINT)	FIRST MILDRE	D H	RUSS	ELL.	20		6 19 '8	
6	ge 4 may ector. par		FEMALE	4. F	RACE White	5. DATE O		YEAR	AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
	eath. Pag	35	alto" Md.	OR FOREIGN 76	U. S.A.	OUNTRY? 8  MARRIEI  WIDOWE	NEVER MARK	0	BALTIMORE CITY OF	RE COUNTY	<b>H</b> MD.
10	s ofter d	50	TOWSON			AL, NURSING HOME C Y. GIVE STREET ADDRESS! N. CHARLES	R OTHER INSTITUT	(1	USUAL OCCUPATION  VPE OF WORK FOR MOST OF  HOMEMAKET		
ND 212	24 hour	35	SUAL RESIDENCE (IF) 130. STATE Maryland	Harfo	13c. CI1	DENCE BEFORE ADMISSION) IYOR TOWN I Air	13d Inside City L	IMITS? 13	e.STREET ADDRESS /	ZIP CODE	21014
MARYLAND	ond 2 media	4	Father's Name First Claude	MIDD	H	uesman	15. MOTHER'S MA FIRST Mary	IDEN NAME	WIDDLE	Kellv	LAST
LT IMORE,	be execu	1	(YES, NO OR UNKNOWN		AR OR DATES]	-05-8450	Mr. Joh	n E. R	ussell.		rocker Dr.
ST., BAL	printicate g physici onpoper emavol.	event,	PART I. DEATI	ATH (Enter only of H WAS CAUSED B' IMMEDIATE C		(o), (b), and (c).) ARDIAC FAII	URE			BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
PRESTON	death ce attendin iove corb	roumon	Conditions, if a gove rise to		DUE TO, OR AS P	OSSIBLE SEI	TIC SHOC	К			
01 W. PI	that the d by the lease reminal, creminal	or other	cause (a), st underlying co	oting the juse lost.	(c) P.	CONSEQUENCE OF ANCREATIC (					
ORDS, 2	requires sen signe t. Then p	y inlory.	NOI		Value of	OR WHICH OPERATIO					
TALREC	The low icion.	2000	190 DATE OF OPE 6/17	/86		IC CARCINON	1A		206 AUTOPSY?	206. IF YES, WERE FIL IN CERTIFYING CAL YES	JSES OF DEATH?
DIVISION OF VITAL RECORDS.	rSICIAN: ing phys certifico	-/ //	OR CONTRIBUTING OR CONTRIBUTING OR EITHER, NOTIFY  21d INJURY OCC	CAUSE OF DEATH	HOUR A.M. MI P.M.  21e. PLACE OF INJU	ONTH DAY YEAR	211 LOCATION	TOCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	r 2}
DIVISIO	or offend After this e os the b	norkgo	AT WORK	T WHILE WORK		ORY, OFFICE, FARM, ETC.]	STREET	<del>。8</del> 6	6/19	vn count	
	ATTENE naspitol or RECTOR: ed for usi	si 17 wa	sow the dec	eosed alive on	6/19	19 86 , or	,	/	. 10	ite and haur and from	, mai (i) (we) losi
	SpiTAL OR I by the b NERAL Diff be detech e Stote De	AN A	4	NAME ITYPE OR PR	mi)	e AD	ATTE	NDING I	MEDICAL STAF	F .	19/86

Medders ma Greater Baltmare Medical Center
1236. DATE 1236. NAME OF CEMETERY OF CREMATORY 1236 LOCATION 231 NAME OF CEMETERY OR CREMATORY
Bel Air Mem. Gardens 230. BURIAL, CREMATION, REMOVAL (SPECIFY BUTIAL) 23b. DATE 6-23-1986 Md. STATE Bellowin Harfofd™ 24 FUNERAL DIRECTOR E.F. Lassahn, 11750BelairRd. Kingsville, Md. 21087 JUN 24 1986 Julia Diridon Rudaca

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WE AND DESCRIPTION OF THE PERSON

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and the state of the state of

Charles of the second

6-15-86

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD., BALTO. MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> KIRSTEEN #21215 20h IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE , and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
> PHYSICIAN DIRECTOR PHYSICIAN LIBERTY HEBREW YOUNG MEN BALTIMORE MD who Davidson Apropalle

2b HOUR

HOURS.

12h KIND OF BUSINESS OR

MANUFACTURING

#21215

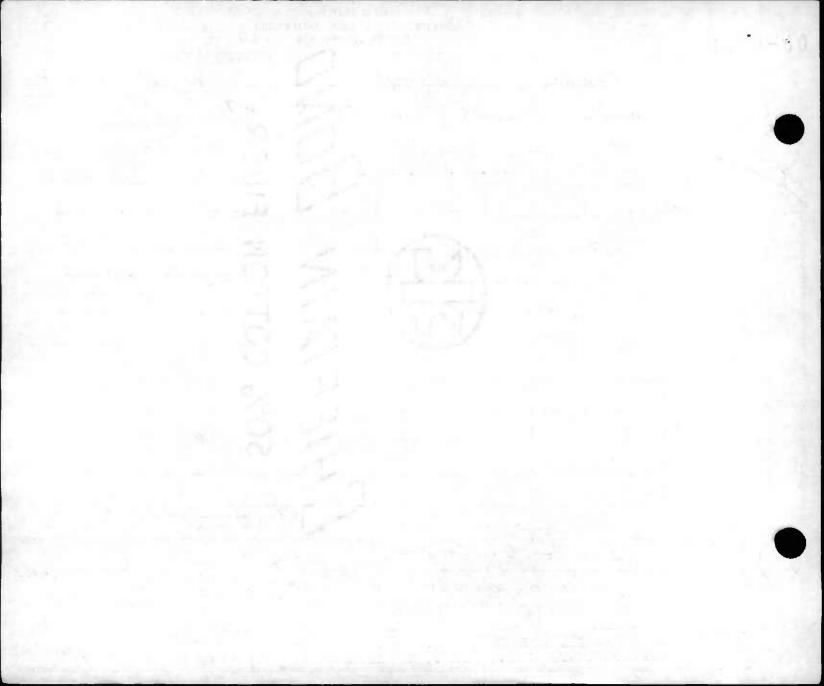
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IF UNDER TYEAR

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)BURIAL



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you do	3 SE	Х	4	RACE		5. DATE C	OF BIRTH		6. AGE (IN	YEARS LAST B	RTHDAY)	IF UND	ER 1 YEAR	IF UNDER 24 H	_
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CTOR, Af for use of of Healt		220.1 certify that (1) (this saw the deceased of above, (1) (we) (did) (		AA ALL	0	86		) (our) opinion o	todeath occurr	ed on the o	date and h	. 17	from the c	not (I) (we)	ost
by the ha IERAL DIRE se detached State Dept. ANT: If them		226. SYLVATURE  226. PHYSICIAN'S NAME	1	ee lu	levels	jm.	DEGREE 22e. ADDRE	ATTENDING PHYSICIAN SS	MEDICAL	STA R PHYSI		2	Zc DATE S	IGNED	
O FUN hould b		Marcio M			ez, M. D		5820	York R	Road,	Balti	imor	e, M	aryla	and	
5 5 5 5 5 7	72- 1	DIDIAL CREMATION DEM	OVAL	114 DATE	72.	NIAME OF C	EASTERY OR	CREALATORY	234 100	MOLTA					

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

Marcio M. Menendez, M. D. 230 BURIAL, CREMATION, REMOVAL

6/20/86

Burial

23c. NAME OF CEMETERY OR CREMATORY Dulaney Valley

Timonium, Balto. Co., MD.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Martin D. Lawson 10 W. Padonia Road, Timorium THE PERSON NAMED IN COLUMN TO SEE A PROPERTY OF THE PARTY to grant and the grant of the contract of the to a thin it is a factor of the country of the coun LATING HERET TO

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME MIDOLE 76 HOUR MAE June 3, 1986 SCHATZ (MAIDA) DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE July 14, 1902 EAR White. Female. BIRLHPTACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWEDXX Baltimore County 12h KIND OF BUSINESS OR 5447 Valley Road INDUSTRY Catonsville Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY Maryland 13e.STREET ADDRESS / ZIP CODE 5441 Valley Road Baltimore 21228 Catonsville 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Gogerite Klaschus Henry Wilhemina 17 INFORMANT 5444 Wilkens Avenue Baltimore, MD. 21228 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 219-12-5763 John Schatz 18 CAUSE OF DEATH (Enter only one couse per line for roll, tb), and region PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ENTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAMINAL DISEASE OF GONDITION GIVEN IN PART 110 CERTIFICATION CERTIFYING CAUSES OF DEATH? NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM ETC ) NOT WHILE 22a.1 certify that (I) (this hospital) attended by sow the deceased alive an that in (my) (and opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death 226. SIGNATURE DEGREE FUNERAL Days by the State C PHYSICIAN DIRECTOR PHYSICIAN 1 Mallow Hill Road, Baltimore, MD. M.D. James J. Nolan 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE Burial New Cathedral 6/6/86 Maryland Baltimore Leroyam. & Russell C. Witzke Funeral Homes P.A. 250. DATE REC'D. BY REGISTRAR TO BEGISTRAR SIGNAL AND 21228

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

6 21

	CEASED NAME	FIRST	1	WIDDLE.	L	AST	20. DATE OF DEA	HTMOM HTA	DAY YEAR	2b HOUR
	OR PRINT)									
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Ma	ryland		U.S.A		WIDOWE	D DIVORCED	Baltin	nore (	County	
10 CI	TY OR TOWN OF DEA	ATH 11.		HOSPITAL, NUI		OR OTHER INSTITUTION	12a. USUAL OCC			F BUSINESS
	ssville		Frank	lin Squ	are Hos	pital	Housew			
USUA 130. S	AL RESIDENCE (IF NURS	13b. COUNTY		13c. CITY OR T		1 13d. INSIDE CITY LIMITS?	13e STREET ADD	RESS / ZIP CO	DE	
Ma	ryland	Balti	more	Middle	River	YES NO		ddle Ri	ver Ave.	21220
14 FA	ATHER'S NAME	MID	DIE	LAST		15. MOTHER'S MAIDEN IN		DDLE	LAS	ī
An	thony			Sulir	1	Anna	M.		Role	ens
	VAS DECEASED EVER	IN U.S. ARME		16h SOCIAL S	SECURITY NO.	17. INFORMANT		ADDRESS		
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214-14-0365 lg. Les R. Schneider Sexe du fije

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ster, pog	3. SE		4. RACE White	S DATE OF BIRTH Ta'n. 15 ^{AY} 1920 ^{AR}		INDER I YEAR IF UNDER 24 HRS
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Mag	Me	iryland Bali	timore 130. EITY OR TOWN	YES NOXOXX	13. STREET ADDRESS / ZIP CODE 1147 Engelbert	h Rd. 21221
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CO CO		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 212 12 (		ing, Wife Same	
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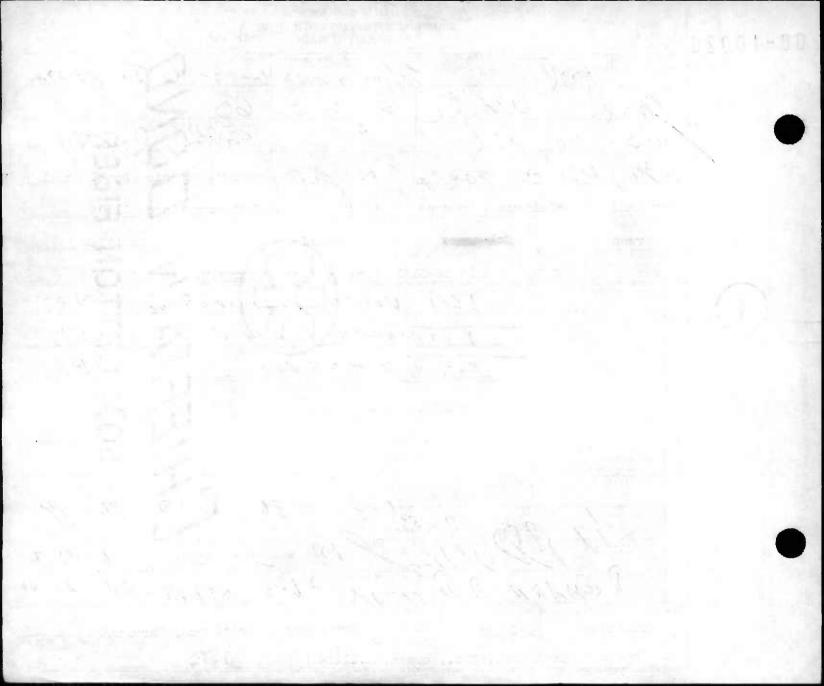
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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FUNERAL DIRECTOR		-		25- DA	TE REC'D. BY REA	COR 25h, REG	ISTARIA SIGNA	TURE	
	neral Home /	TADDRESS OT	mr (3T)	II ATA	OHIOR	0			
	SEX  MALE  BIRTHPLACE (STATEORER COUNTRY)  Maryland  CITY OR TOWN OF DEA  TOWS ON  JUAL RESIDENCE (IF NURS)  STATE  MD  FATHER'S NAME FIRST  Thomas  WAS DECEASED EVER (YES, NO OR UNKNOWN)  18. CAUSE OF DEATH PART 1. DEATH W.  Conditions, if ony, gove rise to imm couse (o), stoting underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING COUSE  (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIFY MEDIC 22d. I certify that (I) sow the decease obove, (I) (we) (d)  22b. SIGNATURE  Cremat  ORDITAL, CREMATION, II (SPECIFY)  Cremat	SEORGE  SEX MALE CAUCA:  BIRTHPLACE (STATEOR FOREIGN 76 CITIZEN OF COUNTRY)  Maryland Unite  CITY OR TOWN OF DEATH 11. NAME OF TOWN OF DEATH 11. NAME OF TOWN OF DEATH 12. NAME OF TOWN OF DEATH 13. NAME OF TOWN OF TOWN OF DEATH 13. NAME OF TOWN OF TOWN OF DEATH 13. NAME OF TOWN OF TOWN OWN OWN OWN OWN OWN OWN OWN OWN OWN	SEX  MALE  CAUCASIAN  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  CITY OR TOWN OF DEATH  TOWSON  ST JOSEPH  TOWSON  ST JOSEPH  ST JOSEPH  ST JOSEPH  TOWSON  MARYLAND  MARYLAND  MARYLAND  ST JOSEPH  TOWSON  ST JOSEPH  TOWSON  Annie Arundel  FATHER'S NAME  FRIST  MIDDLE  FATHER'S NAME  WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NOOR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  THOMAS  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTION OR CONTRIB	SEORGE  A. SEX  MALE  CAUCASIAN  BIRTHPLACE (STATEOR FOREIGN OD CITIZEN OF WHAT COUNTRY? BARRIED FOREIGN ON TO CITIZEN OF WHAT COUNTRY? BARRIED FOREIGN ON TOWN OF DEATH ON TOWS ON TOWN OF DEATH OF MOSPITAL, NURSING HOME OF MOSPITAL, NOR TOWN OF MOSPITAL NURSING HOME OF MOSPITAL	SEORGE A. SCOTT  SEX  MALE  CAUCASIAN  O6 - 30 - 04  Maryland  United States  Waryland  United States  Widowed Differences  Widowed Dif	SEORGE A. SCOTT  SEX MALE    RACE	SEORGE A. SCOTT 06-  SEX MALE CAUCASIAN 06-30-04  BIRTHPIAGE (SIGNED OFFORE OF DEATH COUNTRY) 06-30-04  BIRTHPIAGE (SIGNED OFFORE OF DEATH COUNTRY) 06-30-04  BIRTHPIAGE (SIGNED OFFORE OF DEATH COUNTRY) 06-30-04  Maryland United States MARRED   NEVER MARRED   NE	SEORGE A. SCOTT    SECURITY   SCOTT     SECURITY   SECU	SEORGE A. SCOTT  WALE  LRACE  MALE  CAUCASIAN  ORDAN  ORDA

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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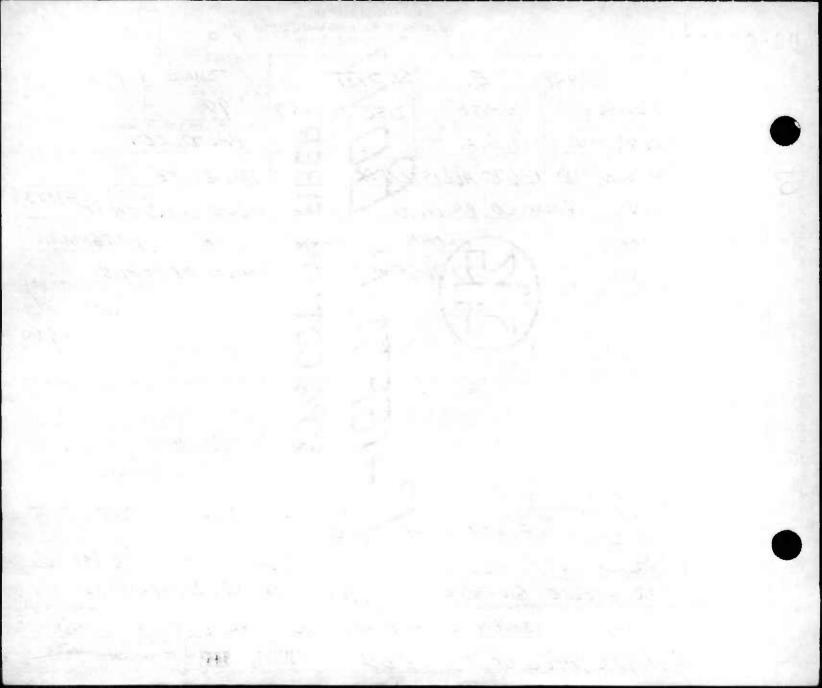
## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21,201

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₽₽	23a E	SURIAL, CREMATION, REMOVAL	JUNE 4,		ALTO.	NATIONAL	BALTO	CITS	COUNTY	nD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR
EVANS CHAPEL OF MEMORIES

JUN 5 1888 Julia Dandon Jungare



DHMH - 16 60M (VRA 15, 4)

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236 DATE

6-23-86

Carroll

Hampstaad.

Cremation

MIDDLE

SFARS

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

FIRST

Madeline T

DECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20. DATE OF DEATH MONTH 26 HOUR June 22, 1986 6:55A E (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR IF UNDER 1 YEAR LTIMORE CITY OR COUNTY OF DEATH altimore County SUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY OF WORK FOR MOST OF WORKING LIFE) HWF REET ADDRESS / ZIP CODE 20 Walsh Drive MIDDLE LAST ADDRESS Kemmer, Westminster APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ischemia ISEASE OR CONDITION GIVEN IN PART Tra AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? S NOX NO [ NTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE June 22 86 , that (we) last iccurred on the date and hour and fram the causes stated 224 DATE SIGNED OICAL STAFF XX 6/22/86 9000 Franklin Square Drive, 236 LOCATION 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE Hampstead Carroll Md. 250 DATE REC D. BY REGISTRAY 256 REGISTRAY'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

23g. BURIAL CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR

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W. PRESTON

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DIRECTOR:

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH YEAR 26 HOUR 1. DECEASED NAME (TYPE OR PRINT) Hilda Seibel Laura June 6. 1986 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH Female White Feb. 1913 18, 76. CITIZEN OF WHAT COUNTRY? Jan BIRTHPLACE I STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U. S. A. Barto. City Balto. County DIVORCED [ WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) Meridian 16 Fusting Ave. INDUSTRY Catonsville House Keeper USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Balto. Catonsville 13d. INSIDE CITY LIMITS? 417 Whitfield Rd Md. NO YES [ 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Seibel MIDDLE LAST William Annetta Godwin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 1142 Cleveland St/Balto.Md.21230 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Irs.Ruth M. Kellum 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. advance PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX NO T YES [ 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from and that in (our) opinion death occurred on the date and hour and from the causes stated the deceased alive on. w the body after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [

DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial

22d PHYSICIAN'S NAME

23a. BURIAL, CREMATION, REMOVAL

(SPECIEV)

231. NAME OF CEMETERY OR CREMATORY June 9.1986 Woodlawn Cem.

22e ADDRESS

Woodlawn

STATE Md.

TRUMAN Schwab

LITYPE OR FRINTI

236. DATE

BALTO

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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4 may be or, page 3 strer death	3 SE)	(	6-E0	RACE	. J.	5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY) IF UND	DER I YEA
th. Fage 22 hours of 1		RTHPLACE (STATE OR I	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	16 3	55 9 BALTIMORE CITY Baltimore	OR COUNTY OF D	EATH
ofter decorptions of within 5	10 CI	Vest Virgin TY OR TOWN OF DEA Edgemere	TH 11.				DE DIVORCED DIVORCED DE OTHER INSTITUTION DE O., Md. 2121	120 USUAL OCCUPA	TION 12b	L KIND
LAND 21201 hin 24 hours, should be file	13a S	AL RESIDENCE (IF NURS TATE Maryland THER'S NAME	ING HOME OR OTH 13b. COUNTY Balti		GIVE RESIDENCE BFFORE 134. CITY OR TOWN Edgemere	7	13d. INSIDE CITY LIMITS? YES NO S	13e.STREET ADDRESS	S / ZIP CODE	212
RE, MARYLAND ecuted within 24 d coapletely fille est and 2 should ical examiner mu	G	eorge	M.		Shaffer		Bessie	MIDDLE		ite
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201 W. PRESTON ST., res that the death certificated by the attending phy please remove carbon privacial, cremation, or remaining, or cather traumatic even		Conditions, if ony, gove rise to imm couse (o), statin underlying cause	which mediate g the last.	Y. (AUSE (a) (b) (b) (c) (c)	CARDIO  R AS A CONSEQUE  AS A CONSEQUE	NCE OF	COONDAY  COL CACEN  LICH Metan  NOT RELATED TO THE TER	ctisis to	General Brack	BETWEE
AI RECORDS, The law requir tion. The law requir tion in permit. Then signer prior to be hows any injury	CERTIFICATION	198 DATE OF OPERA	TION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSÝ?	206. IF YES, WER IN CERTIFYING YES	
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VDITION GIVEN IN PART To 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I IURY IN ITEM 18 PART I OR PART 21 COUNTY STATE 19.86, that (1) (we) last date and have and from the causes stated DEGREE 224 DATE SIGNED M.D. ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN (SPECIFY) COUNTY SAATE Owings Mills Burial 7-1-86 Garrison Forest 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR Duda-Ruck, Inc. 7922 Wise Ale Dor Balto., Md. 21222

STATE OF MARYLAND

2b. HOUR

126. KIND OF BUSINESS OR

Truck Driver

21219 LAST

13e

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

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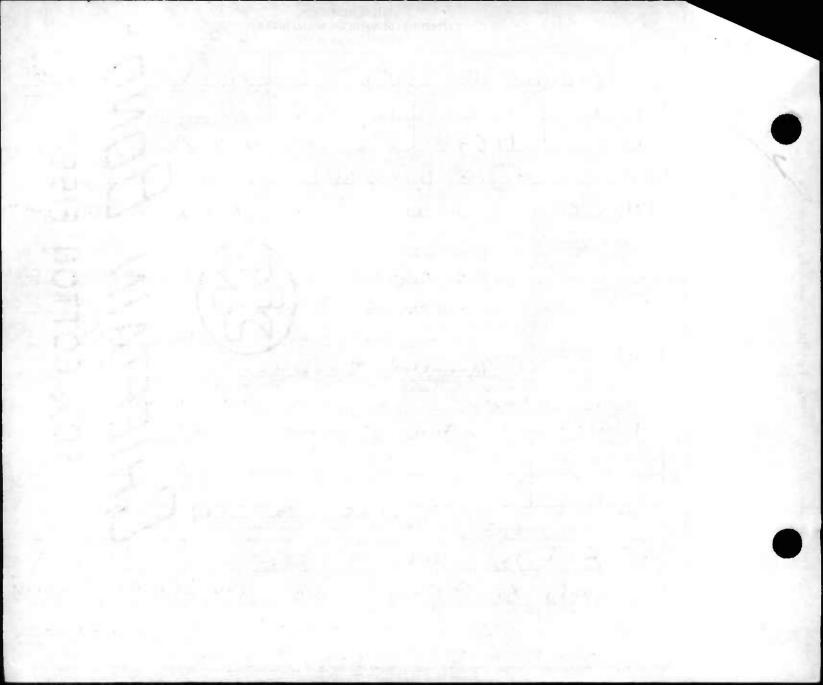
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27	1 -	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  REG. NO.					
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
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£	3. SEX		4. RACE S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
ge 4 ector urs off		-emale	White 1	2/28/16	69 YR			
1 2 2 C		RTHPLACE (STATE OR FOREIGN 7	76. CITIZEN OF WHAT COUNTRY? 8 MARR	IED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH		
d de C		Md.	U.SA WIDOV	VED DIVORCED	Batto. Col	ITY MD.		
53 500	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF, NOT IN SUCH EACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	176 USUAL OCCUPATION	128. KIND OF BUSINESS OR INDUSTRY		
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rs. Po		no	31924920	Pat Watsic	5113 Eugene Av	enue Balto. Md 2120		
hysic bope avol. int, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (c) BY:	ie Schoe	V.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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the low right in the low right in the prior of the prior	CERTIFICATION	6 4 8	Mesontime	TU Butoti		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \)		
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ATTE Sprito CTO J for of h		sow the deceased alive an above, (1) (we) (did) (did not	view the body after death.		death occurred on the date and	hour and from the causes stated		
OK John DIRE Ochec Ochec		27b. SIGNATURE	2	DEGREE ATTENDING	. MEDICAL STAFF	DATE SIGNED		
		B. W.	2000 Mus	PHYSICIAN E	DIRECTOR PHYSICIAN	1014100		
TO HOSPITAL retained by H TO FUNERAL should be det with the State IMPORTANT:		Pernanco	A. Boush	Jez MN	74010510	Chin Longon my		
T 6 F 2 Z		URIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		
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DHMH - 16 60M 7/84	24 FU	Burgee-Henss	Funeral Home 3631 Fa	alls Rd. Zio DA	TE REC'D. BY REGISTRAR 256. REC	Davidon-Handabe		
(VRA 15, 4)				21211	0 1300			

STATE OF MARYLAND



	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 flows the death. Page 4 may be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the uneral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbon after a loges 1 and 2 should be filled with a 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to busial, cremation, a removal.	
	the death.	the meral	prifted at price
LAND 8120	hin 24 hours	ly filled in by should be till	edicol exominer must be notif
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DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 9, 1001	certificate be	ng physician bangalen removal	IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or other troumant entermedical examiner most be notified at ance.
W. PRESTOR	of the death	by the attent	other troumet
CORDS, 2D1	w requires th	been signed hard. Then plea	any injury, or
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DIVISION	DING PHYSic or offending	se os the buri	morked or the
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	TO HOSPITA	TO FUNERA should be di with the Stot	IMPORTANT

	1-	STATE OF MARYLAND  FOR STATE STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH  REG. NO.									
		CEASED NAME FIRST VINCENZ		IDOLE		LARI	20. DATE OF DEATH	6 13	-	5:20P M	
	3. SE)	Male	4. RACE White	2	5 DATE O		6. AGE TIN YEARS LAST BIT	UNDER TYEAR	IF UNDER 24 HRS		
1	7a. Bl	RTHPLACE (STATE OR FOREIGN COUNTRY)  Italy		VHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE COUNTY  BALTIMORE COUNTY				
6	10. C1	TOWSON		701 N.CH		ST.	120. USUAL OCCUPATION  (TYPEOF WORK FOR MOST OF WORKING LIFE)  RETIRED Carpenter  120. KIND OF BUSINESS OR  (TYPEOF WORK FOR MOST OF WORKING LIFE)  INDUSTRY				
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 135 COUN Maryland Bal	other institution, of timore	13c. CITY OR TOV TOWSON	re admission) VN	13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS	zip code inia Av	e. 212	204	
0	14. FA	THER'S NAME Giuseppi	WIODLE	Siclari		15. MOTHER'S MAIDEN NA Maria	WE		Rossan	Eti	
/		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (185, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 195-01-5705 Mrs. Emilia Siclari, same as									
	NOI	RETWEEN ONSET AND DEAT   CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c)								IMANE INTERVAL ONSET AND DEATH	
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES NO X	20b. IF YES, YIN CERTIFY!	NG CAUSES	NGS USED S OF DEATH?	
9	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK ALWORK	HOUR A.A. P.A. 21e. PLACE C	A. MONTH D A.	AY YEAR 19	211 LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE	
		270. I certify that (I) (this hospital) oftended the deceosed from 6/11 19/86, to 6/13 19/86, that (I) (we) lost sow the deceosed alive on 6/13 19/86, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (id) (id) (id) (id) (id) (id) (id) (id									
		JOY L. HOW	ARD,M.D.			GBMC-6701 N		r.			
	1	SURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 6-17-8	86	Dulane	EMETERY OR CREMATORY  By Valley Mem		m. Mary	land	STATE	
34		INERAL DIRECTOR  ICK Towson Fune:	cal Home	, Inc. To	50 You		NET 7 1986	THE PEGISTR	AR'S SIGNAT	LURE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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e b	3 SE	Χ .	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
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leath.		EORGIA	U. S. A.	WIDOWED DIVORCED	BALTIMORE COUNTY	Y MD.
Fe king King	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	AG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
10 % Feb 6		ALTIMORE	4404 SPRINGDALE	AVENUE	HOMEMAKER .	HOME
THE STATE OF THE S	130.	ALRESIDENCE (IF NURSING HOALD STATE 136 COL	RELIGIOUS CIVE RESIDENCE BEFORE 136. CITY OR TOW BALTIMOR	N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	404 SPRINGDALE MARYLAND 21207
7		ATHER'S NAME		15. MOTHER'S MAIDEN NA		
completion of the completion o	XV.	GASTON	JORDAN	BESSIE	WYDDEE	KNOX
E Contraction		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 161-60C ALSEGU	7316 7 INFORMANT	4404°SPRINGDA	
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RESTON  e death ce move carb totalian recording		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	is he can ten	rion	
DIVISION OF VITAL RECORDS, 201 W. PRESTON STANG PHYSICIAN: The low requires that the death cert offending physician.  If the this certificate has been signed by the attending as the build-transit permit. Then please remove carbon as the build-transit permit. Then please remove carbon or the build-transit permit to have carbon as the hand Mental Hygere prior to build, cremation, or required or them 18 shows any injury, or other traumatic earked or them 18 shows any injury, or other traumatic earked or them 18 shows any injury.		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		200
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ned plee		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	N IN PART 1101
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bee mit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
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Dor or After		22a.1 certify that (I) (this hosp	oital) attended the deceased from_	March 19 56	, to	, that (I) (we) lost
TTEN Pritol TOR for to of H		sow the deceased alive or	n19	PE, and that in (my) (our) opinion	death accurred on the date and hour o	and from the couses stated
hos hos hed hed ept.		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
AL O AL DI AL DI Ore Do ore Do		mun D.	to Con	M D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/20/86
Se E P	7	224 PHYSICIAN'S NAME (TYPE		22e ADDRESS	0 0 1/	/ /
TO HOSPIT, etained by TO FUNER, should be downth the Stone My		Mar	D. Jokolou	mo 3335t	May Mace	21202
5 € 5 € 3 ₹ <del>1</del>	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
BP		BURIAL		BUTUS MEMORIAL PARK	K BALTIM	ORE, MARYLAND
DHMH - 16 60M 7/84	24	WIFFERE & SONS FI	UNERAL HOME, INC.	25a. DA1	TE REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
(VRA 15, 4)	25	Ol GWYNNS FALL	S PKWY. BALTÎMORE	, MD. 21216	JN 30 1986 June de	

2142415 regarded heart stockers . I herythis June hyperthalica Malpie crebalcoscular accelante 6/2) 18 But Total Popular 18018 Marc De Sokoland 1995+ partillers 2101

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STATE OF MARYLAND 6233 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

н	178	REGISTRAR		CERTIF	ICATE OF DE		REG. NO	).			
н			harles MIDDLE W.		AST SISCOS		20. DATE OF DEATH	MONTH DAY	YEAR	2b HOL	JR
Ü	LIABE	CHARL	ES W.	SISC	OSKY	Sr.		6 28	86	25	м
Н	1 SEX	(	4 RACE	5. DATE C		-	6. AGE (IN YEARS LAST BIRT		DER TYEAR	IF UNDER	
	-	male	white	MONTH 8	14	05	80	YRS.	HS DAYS	HOURS	MIN.
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3	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFOR	MED	20e AUTOPSY?	206. IF YES, WI			
7	TIFE						YES NO	YES		NO [	_
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ħ	CAL	OR CONTRIBUTING CAUSE OF DEA	NIA .	19							
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		22d PHYSICIAN'S NAME (TYPE O	HEALY, M	.5.	1311	FEA	NEIS AUG	BAL	100	112.	27
I		BURIAL, CREMATION, REMOVAL SPECIFY) burial			emetery or cr deemer (		Baltimore	,00	UNTY		Md.
Y	24 FU	JNERAL DIRECTOR		Le Hwy.	1.19		REC'D. BY REGISTRAR			URE	
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DHMH - 16 50M 4/83 (VRA 15, 4)

to FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Hea

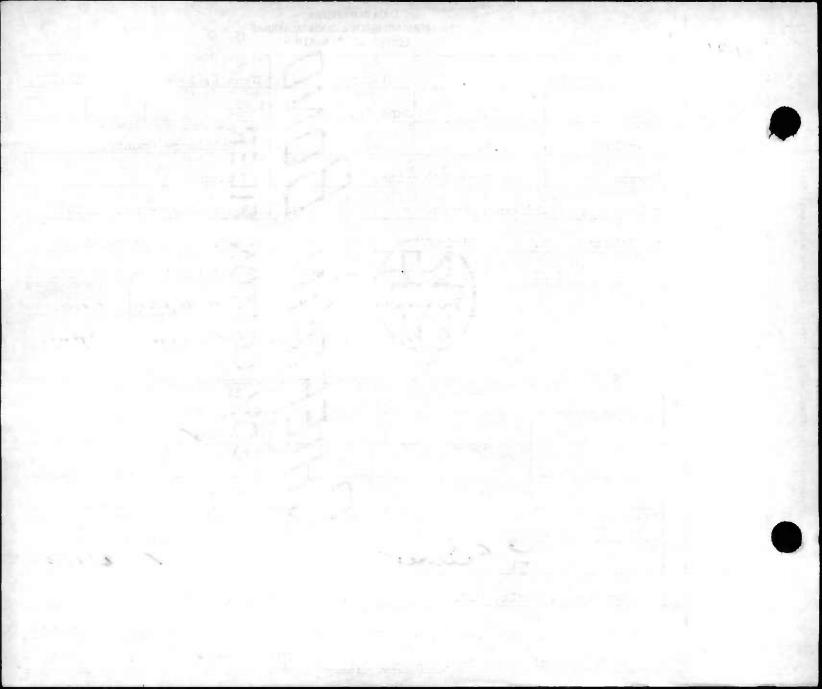
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		OR PRINT)	FIRST		MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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135		RTHPLACE (STATE OR COUNTRY)  Maryland	FOREIGN	US.A		WIDOWE		Baltimore CITY OR COL		MD.
es offe		TY OR TOWN OF DE		St. J	Soseph Hos	appital	R OTHER INSTITUTION	IZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  Attorney	17b. KIND C INDUSTRY	OF BUSINESS OR
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and within	Ι	THER'S NAME PIRST Or. Walter	E	MIDDIE	Siwinski		15. MOTHER'S MAIDEN NAM Barbara	J.	Sadowsk	st <b>i</b>
n ond co		VAS DECEASED EVER IES NO OR UNKNOWN)		E WAR OR DATES)	216-14-0		Mrs. Mary Cl	ADDRESS Laire Siwinski	Same as	#13.
requires that the deat n signed by the atter. Then please remove or to buriol, cremation, injury, or other troum	NOIL	Conditions, if ony gove rise to im couse (o), state underlying cous	mediate ng the e last.	(c)_	r as a conseque	NCE OF		INAL DISEASE OR CONDITION	N GIVEN IN PART 1:	
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offendin offendin ser this c s the bur s and Me	MEDICAL	WHILE NOT WAT WORK	HILE [	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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AL OR A the hosp AL DIREC detoched i ate Dept.		22b. SIGNATURE	alar (ala ila	G. 1	- Ceus	ابرو	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 4/96
O FUNER nould be of		22d. PHYSICIAN'S N Lawren		Awalt,	M.D.		St. Joseph M	Medical Center		
0 # # # 1 3 *	23a. 8	URIAL, CREMATION	, REMOVAL	23b. DATE	23c N	AME OF C	METERY OR CREMATORY	23d LOCATION		
BP		Burial	100	June 5	5,1986 Mt	. Mar	la Cemeteru	Towson Ra	ltimore.M	laryland
DHMH - 16 60M 7/84		INERAL DIRECTOR NAME  TOWSON	Funera	al Home	ADDRESS O	50 You	rk Road 256 DATE	TOWSON BA	EGISTRAR'S SIGNAT	TURE



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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours Orleggeoth. Page 4 is assessed by the hospital or attending physician.	TD FUNERAL DIRECTOR, Also this certificate has been upped by the ottending physician and completely filled in by the funcial director, about be detached for use as the businest framily primit from places carbon popers. Pages is and 2 should be filled within 72 hours ofto the State Dept. of Health and Minnia Hypere primit to busine, or removal.  WHORTANT II Imm 21 is marked as from the short for any minny, as after thousands event, the medical examiner must be waited an order.	
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sher sh	14. F.	ATHER'S NAME					15. MOTHER'S MA	AIDEN NAM	E			
9 70		Patrick		MIDDLE	Garrit	3.7	Cather	rino	N	IDDLE		LAST
500	160	WAS DECEASED EVER	IN IIS AR.	MED FORCES?	16b SOCIAL SEC		17 INFORMANT	ше		ADDRESS	Henr	У
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PE PARE	1	12.5							YES N		YES []	NO [
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2 4 6 0 3		saw the deceas	ed alive an	0	0 - 19	04.0	nd that in (my) (our	r) opinion d	eath accurred o	n the date and l	hour and from t	the causes stated
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IMH - 16 60M 7/84		UNERAL DIRECTOR			ADDRESS			736. DAJE	N.R.O.	ISTRAR 256 REG		
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## STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYO	GIENE 8	6 REG. N	10.	6	2	3	6
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	3. SE)	Male		White		June	17, DAY 1915	71	YEARS LAST BIR	YRS	MÖNTHS	DAYS	HOURS	R 24 HRS MIN.
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1	To	DWSON		535 S	Franci	s Roa	d 21204		ORK FOR MOST		IFE) IND	ustry uild:		
7	130 S Ma	Aryland THER'S NAME	Balt	imore	Towson		13d INSIDE CITY LIMITS?		ADDRESS 5 St.	Franc	eis F	≀oad	212	04
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	160 V	VAS DECEASED EVER		WAR OR DATES)	159-14-2		C.J.Small 53	55 St.	Franc					
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4	CERTIFICATION	PART 2 OTHER SIGN Mctz 1 h	ate	prosts	te c b	MAN	NOT RELATED TO THE TERM	AINAL DISEA	ed, he	120b. IF YE	S, WERE	FINDIN	IGS USE	D TH2
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	MEL	WHILE NOT WHI	ILE		REET, FACTORY, OFFICE F		STREET		CITY OR TO			YINU		STATE
		22a.1 certify that (1) saw the decease obove, (1) (we) id 22b. SIGNATURE					nd that in (my) (aur) opinion	death accurr	red on the d		ur and fr	om the	SIGNED	tated
4		22d, PHYSICIAN'S NA	ME TUPE OF	see af	7	~	PHYSICIAN {	DIRECTO	R PHYSIC	CIAN		61	251	186
		Lee E.	Gress	er			AZOXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KKK K X 3					
	1	URIAL, CREMATION, I	REMOVAL	23b. DATE 6-26-		reenm		Bal	timor Ltimor		*	1	Mary	land
		JNERAL DIRECTOR tchell-Wie	defel	d Home	6500 Yor	k Roa	881	L 2	REGISTRAR 1986	25h, REGIS			RE	like

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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00	-0978	2	1-	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 3 6	6 2	5 /
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	s of to	0		Male		Whi	te	12	-29-20 YEAR	65 yrs.	MONTHS DAYS	HOURS MIN.
	Pog - Pog	1		RTHPLACE (STATE OR I	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT		
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01	after d	7	10. CI	Essex	ATH 1				Hospital	120 USUAL OCCUPATION Press Helper	126. KIND O INDUSTRY Dulane	y Vernay
MARYLAND 2120	P AND	5	USUA 13e. S	TATE  Md.	136 COUNT Balto		Balto.		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CO 5132 Alberta A	^{DE} ve.−2123	6
RYL	1	31	14 FA	THER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAS	1
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ORE,	xecu ges	Dipau.		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECL		17. INFORMANT	ADDRESS		
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T., BAL	physici movol.	vent, in		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED IMMEDIATE	BY:	r line for (a), (b), an	Ser.	nest		BETWEEN	MATE INTERVAL DINSET AND DEATH
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RDS, 201	equires n signed Then pli	mlory, o	NO	PART 2 OTHER SIGN	Tets	mel mel	ONTRIBUTING TO		NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 10	,
DIVISION OF VITAL RECORDS,	he law r ion. has bee it permit.	2	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDIN I IFYING CAUSES YES []	IGS USED OF DEATH? NO
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DHMH - 16 60M 7/84 (VRA 15, 4)

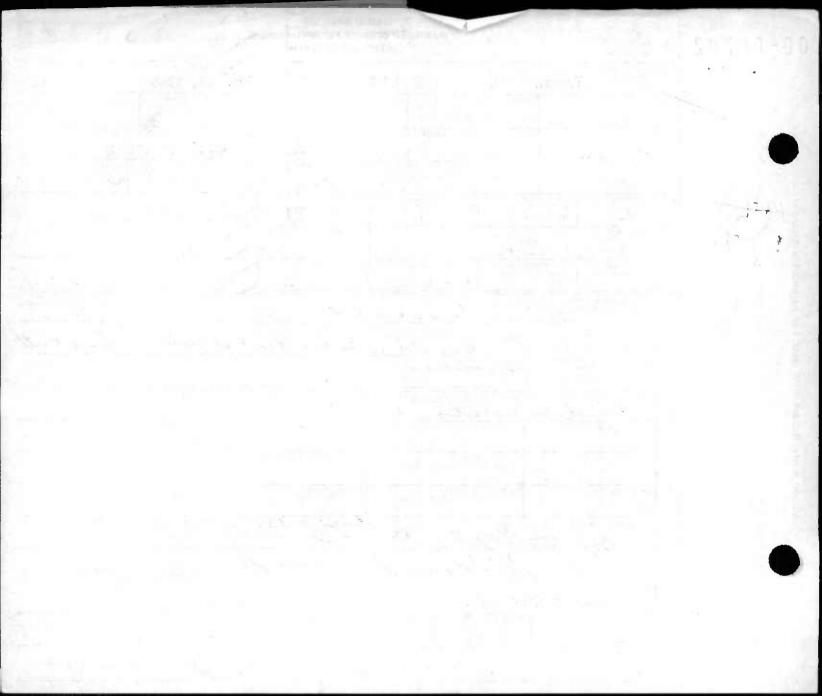
Burial 6-19-86 24 FUNERAL DIRECTOR

Holly Hill Cemetery

Middle River, Md.

230. DATE REC'D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE JUN 1 8 1986 June Hundon-Hund truna Navidson Wandalles

John C. Miller Inc.-6415 Belair Rd.-21206



	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENES 6	REG. NO.	5	2.	3 8	
		CHAP	FIRST RLOTT]	E (LOR	RAINE)	SMI	TH	20. DATE OF	DEATH MONT	11	YEAR 86	26 HOUR 0115а	
	3. SE)	FEMALE		I. RACE WHI	re	5. DATE O	e Birth uary 20, 1 923	63		MONTH		IF UNDER 24 HRS HOURS MIN.	
3	Ja-BII	RTHPLACE (STATE OR FO	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	DAT ITS	ECITY OR CO		EATH	ME	
6	10. CI	TOWSON	TH I	GBMC - 6	HOSPITAL, NURSIN H FACILITY, GIVE STREET, 701 N.CHA	IG HOME C ADDRESS) RLES	ST .		POCCUPATION FOR MOST OF WOR DOE	ting life) 121	s. KIND O IDUSTRY Scho	of business or ool	
34	13a S	at residence (if Nursinate aryland	MICOI	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Delmar		13d, INSIDE CITY LIMITS? YES 🛣 NO 🗌		DDRESS / ZIP		Dr.	21875	
1	17	THER'S NAME Elmer Bru		tuart,	Sr.		15. MOTHER'S MAIDEN NAME  A. Olivia Shanklin						
1		VAS DECEASED EVER I VES, NO OR UNKNOWN) NO		WAR OR DATES) 218-16-1973 Gary S. Parks Huntsville, A.								5805	
		PART I. DEATH WA	AS CAUSED	y one couse per BY: CAUSE (o)	LAKIHAL AKKESI								
		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	nediate g the	(b)_	RESP. ARREST SEC. TO SEPTED OF ARREST SEC.				CK <b>/</b> LEUK	OPEN L	A		
	NOIL					9193	NOT RELATED TO THE TER						
7	CERTIFICATION	190 DATE OF OPERAT				OPERATIO	N WAS PERFORMED	200 AUTO	NOX IN (	YES	CAUSES	OF DEATH?	
9	MEDICAL CE	21a. ACCIDENT WAS UNDI OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	P.	M. MONTH DA M.	AY YEAR 19	21c. HOW INJURY OCCU	RRED (ENTER NAT	URE OF INJURY IN IT	M 18 PART TO	)R PART 2)		
	MED	21d. INJURY OCCURR  WHILE NOT WHI AT WORK ALWOR	ILE 🗍	21e. PLACE (AT HOME, STE	OF INJURY IEET, FACTORY, OFFICE, F		211. LOCATION STREET		CITY OR TOWN		OUNTY	STATE	
2		22a. I certify that (I) sow the decease above, (I) (we) (d	d olive on .	6	/11 19_	6/10 86	nd that in (my) (our) opinio	, 10	O/II I on the dote or			that (I) (we) las couses stated	
		22b. SIGNATURE	4	the			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR (	STAFF PHYSICIAN		22c. DATE	11/86	

231. NAME OF CEMETERY OR CREMATORY

ADDRESS 6500 York Rd. Balto., Md.21212

Govans Presbyterian Ch

6701 N. CHARLES ST. - GBMC

rian Ch. Baltimore City, Maryl
250. Date Recd. By Registrar's Signature

1250. Date Recd. By Reg. By

Maryland STATE

(VRA 15, 4)

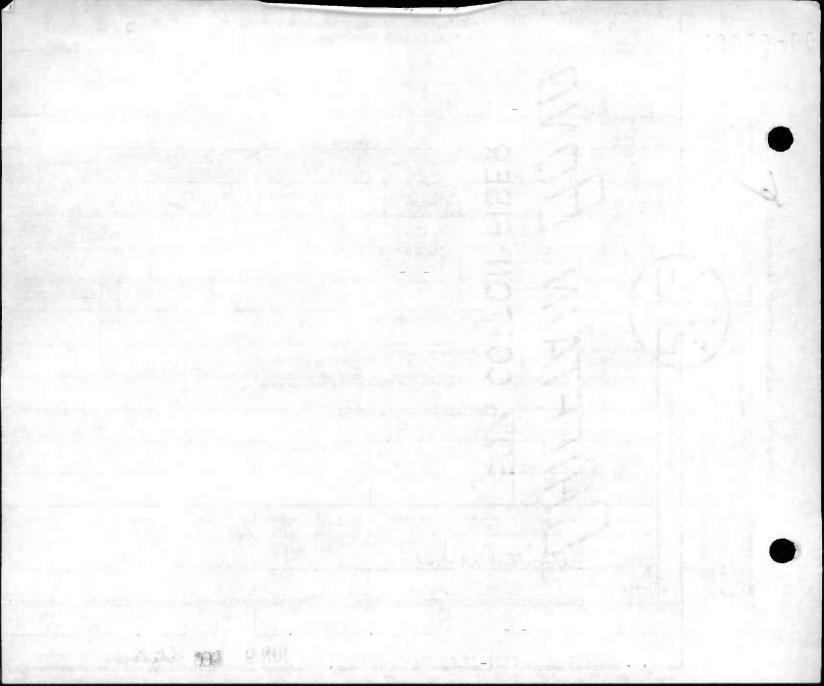
MICHAEL SIPPLE, M.D.

24 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc.

June 13,1986

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/B4



					E OF MARTLAND		2 6	()	11 11	
1.	FOR STATE REGISTRAR		DEPART		FICATE OF DEATH	GIENE 8 6	0.	Sea.		
	CEASED NAME FIRST	N	MDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR	
	Jac	caueline		Smit	h	June 6	1986			
3 SE		4. RACE		5. DATE	D. 1 D. 1111	6 AGE (IN YEARS LAST BIR			IF UNDER 24 HR	
1 01	Female	Whi		May		48	YRS.		HOURS MIN	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF D	EATH		
	N. Carolina	USA	1	WIDOW	ED DIVORCED	Baltim	ore Col	intv	٨	
	ITY OR TOWN OF DEATH	11. NAME OF H	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Retired-Cashier Giant				
	Parkville		Nineth	Ave.		Retired-	casnie	ashier Glant		
130. 5		OUNTY Balto.	13c. CITY OR TOW Parky:		13d INSIDE CITY LIMITS?	9636 Nin	ZIP CODE	e. 2]	1234	
_	ATHER'S NAME				15 MOTHER'S MAIDEN NA		7 7 7			
	PIRST	Cain	Jacks	aon	Carrie	Mae	н	enry		
An V	Benny WAS DECEASED EVER IN U.S		166 SOCIAL SECU		17 INFORMANT	ADDRE		-1112 y		
		S. GIVE WAR OR DATES)						4	0.7.0	
	no		241-54-	-679.	Gloria Me	yers 9636	Nineth	Ave.	. 212	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE		arinown br	orches,				
NO	PART 2. OTHER SIGNIFICA	NT CONDITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	PART lia		
CERTIFICATION	190 DATE OF OPERATION	19b. COND1	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	CAUSESO	S USED OF DEATH?	
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A.A	A. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	R PART 2)		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY OFFICE F	FARM ETC )	211 LOCATION STREET	CITY OR TO	wn (	OUNTY	STATE	
	27a L certify that (1) (this hospital) attended the degreesed from January, 1985, to 66, 1986, that (1) (as saw the deceased alive on abave, (1) (as a aprilion death accurred on the date and hour and from the couses state abave, (1) (as a) (died) (did not) view the bady after death.									
	P.H .	henbour	ne	h		MEDICAL STAI	FF	6/6	GNED 6	
	D.H. SH.	-	LRNE		9101 Frank	lin Sq. Dr	- Batto	. 21	1237	

DHMH - 16 60M 7/B4

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

JNERAL DIRECTOR

JNERAL DIRECTOR

ADDRESS

Connelly Funeral Home 300 Mace Ave. 21221 UN12 Burial
24 FUNERAL DIRECTOR

The state of the s

00-09442	FOR 1 - STATE REGISTRAR	D	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH				
	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF D			
ge 3	Josephine	Rose	Smith				
4 mb)	3. SEX 4. RACE		5. DATE OF BIRTH	6 AGE LINYEA			

FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 6 REG.	NO.	6 2	4
DECEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH		DAY YEAR	26. HOUR
Jos	sephin	e F	Rose	Sm	ith	J	une 10	,1986	12:50 PM
. SEX	4	RACE		5 DATE C		6 AGE (IN YEARS LAST		IF UNDER I YEAR	# UNDER 24 HRS
Female		Whit	e	June		58	YRS	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE	OR FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
Maryland	2	U.S	.A.	WIDOWE		Baltimo	re, C	ounty	MD
O CITY OR TOWN OF	DEATH 1				R OTHER INSTITUTION	12a USUAL OCCUPA	TION	126. KIND OF	F BUSINESS OR
Baltimore	12 19	Frankl	Lin Squa		ospital	Homema	ker	Home	
SUAL RESIDENCE (IF N	URSING HOME OR C			ADMISSION)		lu cross annos			
Maryland		imore	13t. CITT OR TOWN	4	13d INSIDE CITY LIMITS?  YES \( \sum \) NO \( \sum \)	6007 Ham		Ave.	21237
FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	11011	AVC.	LILII
Nicholas	M	alddie <b>Ma</b>	gliano	100	Rosaria	WIDDLE		Troti	ta
60 WAS DECEASED EV			166 SOCIAL SECUR	ITY NO.	17 INFORMANT		RESS	600	
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-28-6	5722	Mr. Robert	Richard	Smith	Sr. H	amilto
	ATH Enter only	one couse her	line far (a), (b), and	16					MATE INTERVAL
PART I. DEATH	WAS CAUSED	BY.	SUDI	EN	CARDI	AC DE	A	BETWEEN	NSEI AND DEATH
E V VE	IMMEDIATE					ARR	ES T		
Canditions, if a	ny which	DUE TO, OI	R AS A CONSEQUE	NCE OF					
gove rise to	mmediote	16)							
underlying car		DUE TO, OI	R AS A CONSEQUE	VCE OF					
PART 2 OTHER S	GNIEICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINIAI DISEASE OR CO	NDITION CIVI	ENLINI DADT 1	
		ENSIC		100	LOTALTI	C C C C C C C C C C C C C C C C C C C	INDITION GIVI	EN IN PART III	
OHYP				PERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED
NO!	e	13/1-3-				YES NOT		YING CAUSES	
210. ACCIDENT WAS	JNDERLYING	21b. TIME O	FINJURY	100	21c. HOW INJURY OCCUR		TE:	ART I OR PART 21	NO []
OR CONTRIBUTING		'	M. MONTH DA			TENER TOTAL OF THE	,011 114 112 114 10 11		
21d. INJURY OCCI		21e PLACE		19	211 LOCATION				
WHITE NO!	WHILE NORK		EET, FACTORY, OFFICE, FA	RM ETC )	STREET	CITY OR	NWOT	COUNTY	STATE
22a. I certify that	(1) (this hospito				1983	, to	10	19 86 1	hat (I) ( <del>we)</del> last
	ased alive an_		after death. 19 8	, an	d that in (my) (our) opinion	death accurred an the	date and hour	and from the c	auses stated

226 SIGNATURE

220. DATE SIGNED MEDICAL STAFF

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 6-14-86

231 NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.

DEGREE

Baltimore,

Maryland

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows a

BP.

21224

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Joseph N. Zannino Jr. 263 S. ConklingSt. JU

Veryland da Fimore 20217 de 1 con eve. 20217 de 1 con eve e 1 con

contract of the contract states of Sevents-12.

Sarias (-10-1) No.v Ramonus Com. Statimorts, words.

ATTENDING PHYSICIAN: The

TO HOSPITAL

etoined by the hospital ar attending physician

## STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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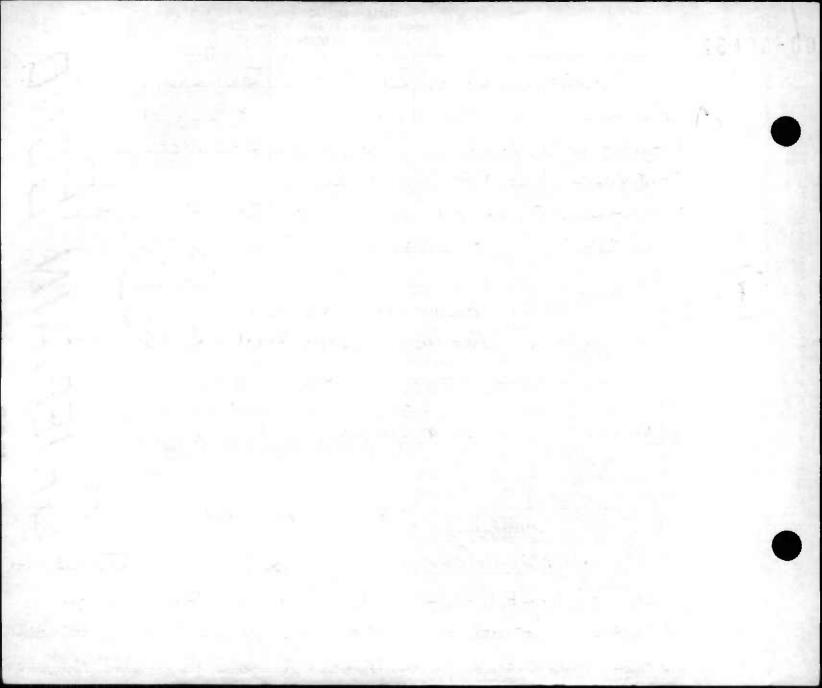
	1 -	STATE REGISTRAR	DEPAR	CERTIFIC	ATE OF DEATH	S analoun	REG. N	0.	0 4	eng dia
		CEASED NAME FIRST OR PRINT) OR PRINT) OR PRINT)	WIDDLE	Z M	HTN	2a. DAT	E OF DEATH	HINOM	DAY YEAR	1230 A.
~	3. SEX		RACE	S. DATE OF E	IRTH YEAR		I IN YEARS LAST BIR		IF UNDER 1 YEAR	
7	-	OUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED L	NEVER MARRIED	0 1 0	IMORE CITY O		0	
		TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS			N 120 US	JAL OCCUPATI WORK FOR MOST O			OF BUSINESS OR
5	130. S 14 FA	AL RESIDENCE (IF NURSING HOME OR OT) STATE  ARYLAND  BALL  THER'S NAME  FIRST  VAS DECEASED EVER IN U.S. ARME  (45, NO OR UNKNOWN)  (16 YES, GIVE W	DIE CITY OR TO	NILS 13	d. INSIDE CITY LIMITES NOTHER'S MAIDE	1 81	MIDDLE ADDRESS	ומוכ	DE SR A	2034 V2
/ 1	1	18 CAUSE OF DEATH (Enter only of			FAMIL'	4 RE	CORD	2	APPRO	XIMATE INTERVAL LONSET AND DEATH
	NOI	Canditians, if ony, which gave rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT COM-	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUE	NENT -	GUAMOUS OT RELATED TO THE		CA CH			EHM
2	CERTIFICATION	NOV 6 1985	CANCER OF	d		20a /	NO X	IN CERT	ES, WERE FINDI	
7	MEDICAL CER	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216, INJURY OCCURRED AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DAY YEAR 19	I LOCATION STREET	CCURRED (ENT	ER NATURE OF INJUI CITY OR TO		PART I OR PART 2)  COUNTY	STATE
		22a. I certify that (I) (this becord) sow the deceased olive on abave, (I) (we) (did) (did nat) v  22b. SIGNATURE	MAY 15 19	86 ond t	hat in (my) (our) op	F to	JUNE curred on the do	12 ate and ho		that (I) (we) lost e couses stoted
1		221 PHYSICIAN'S NAME (TYPE OR PR	Turden	mi	) ATTENIOU	NG MEDIC	CAL STAI	F IAN 🗆	200	n213,198t
		DR. JOHN R.	SAUNDERS	1	001 CR	onus	M B	RID	be Ro	OAO
		SURIAL, CREMATION, REMOVAL	L-14-198L C	TAIR	HOOS!	ORY 23d L	OCATION CITY OR TOWN	Tod	K COUNTY (	JARY ACC
4	24 FU	JNERAL DIRECTOR	ADDRESS ADDRESS	3800 A	ARFORD 25	o. DATE REC'D.	BY REGISTRAR	25h. REGIS	STRAR'S SIGNA	

DHMH - 16 60M 7/84

(VRA 15, 4)

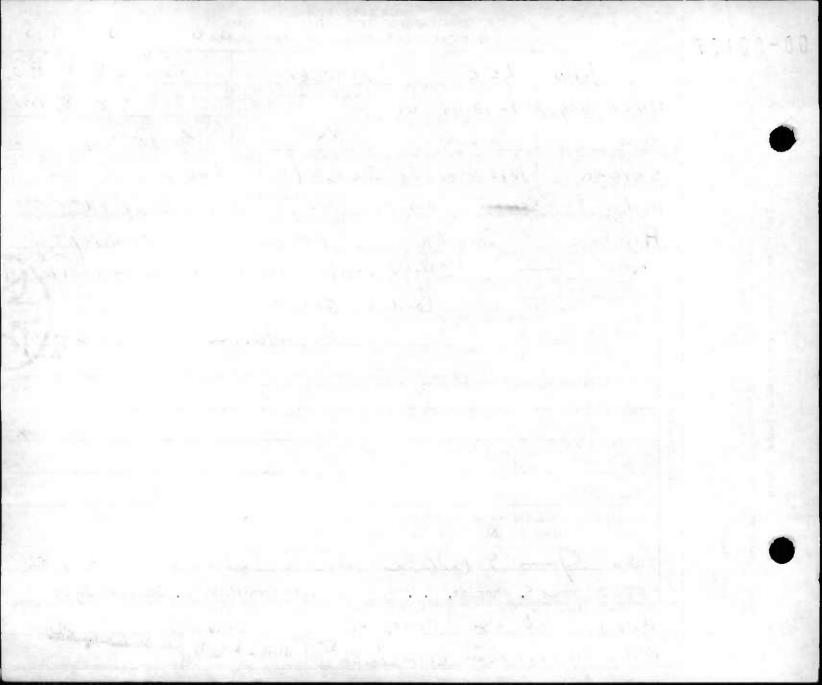
IMPORTANT: If Hem 21 is marked or Hem 18 strage tony TO FUNERAL DIRECTOR: After this certifical from the should be detached for use as the burial-training permitting the State Dept. of Health and Mental Hygenie principle.

FOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN HOUR (TYPE OR PRINT) OF DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DEFILED, WITHIN 72 HOURS. RDS, 201 W. PRESTON STREET, 0700 DEATH MATED 19 5. DATE OF BIRTH 24 HOUR 6. AGE (IN YEARS IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 3-DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) -0 G.A. WIDOWED L DIVORCED IO. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS (TYPE OF WORK OR INDUSTRY -Abo) eveRn 2, AND 3 TO 1 3. RETAIN PA SHOULD BEE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE MD. 2120 136, COUNTY CHIEF MEDICAL EXAMINER ALONG WITH FORM PA 3. NO FEATH OF THE OUSD AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND S NO FEATH AND MENTAL HYGIENE, DIVISION OF VITAL BURIAL, CREMATION, OR REMOVAL. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Nowden BALTIMORE INFORMAN' 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES NO K 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21L LOCATION AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion X death resulted fram: Natural couses Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRES 116 Gumbottom Rd. Crownsville 21032 lames E. Wheeler. M.D. TYPE OR PRINT) 23c NAME OF CEMETERY 20 BP 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



•	death. Page 4 may
LEYLAND THE	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 haceted or attending physician
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2006	inficate be executed
201 W. PRESTON S	es that the death cer
F VITAL RECORDS,	AN: The law require
DIVISION	OR ATTENDING PHYSICIAN: The
	OR A

						SIAI	E OF MARYLAND			4 3
0-1	0484	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 8 6	162	4 4
		1. DE	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOURES
	oge 3 death	(ive	ANNA		MARIE	SNY	DER		6 22 86	18 /AM
	boo er d	3 SE		4 RACE		5. DATE		6. AGE (IN YEARS LAST BIRTI		
	ctor s aft		FEMALE	WHI	TF	MONT 7	25 14	71	MONTHS DAYS	HOURS MIN.
	الما مورد	7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY OF	COUNTY OF DEATH	
	727	) P	ennsylvania	U.S	5.A.	WIDOW	D NEVER MARRIED _	Baltimore		MD.
	19 4 P	- 4	ITY OF TOWE OF BEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	ON 126 KIND	OF BUSINESS OR
13	led the	1	XXXX KKXXX	ST	JOSEPH S	HOS	pital	Homemake:	WORKING LIFE) INDUSTRY	Home
#	500	USU 13g.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS?	124 STREET ADDRESS /	ZID CODE	21239
2	III G	7	MD	NAME OF TAXABLE PARTY.	BALTIN	ORE	YES X NO	6401 Loch	Raven Bl	.vd.
YLA	1	14 F	ATHER'S NAME	AIDOLE			15 MOTHER'S MAIDEN NA	ME		
MARYL	A de po	W	Michael	WIDDLE	Krivos	h	Mary	WIDDLE	Pav	rel
Ë,	35 8		WAS DECEASED EVER IN U.S. AF		16b SOCIAL SEC		17 INFORMANT	ADDRES		
BALTIMORE	ang ang	1	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	172±28	3832	Catherine	Butts 450		
III.	e ocan			-1	1		Cacherine	Duces, 430		XIMATE INTERVAL LONSET AND DEATH
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TS !	ng p		IMMEDIA	TE CAUSE (o)	Freare	1011	cor live to	13.01.01.0	149	work
PRESTON	ave car titan, ar			DUE TO, C	R AS A CONSEQU	ENCE OF			35 3 5 4	
ES -	a ott		Conditions, if any, which gove rise to immediate	(b)_						
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2017	d by leose ial, cr ar ath			(c)_						
	n signe Then p To bur	NO	PART 2. OTHER SIGNIFICANT	conditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1	10
0	prior prior	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
I B	- S = S - S	一直						YES NOX	YES [	NO [
DIVISION OF VITAL RECORDS	hysician ronsit p Hygier 18 sh	S S	210 ACCIDENT WAS UNDERLYING			AV VF 1-	216 HOW INJURY OCCURE		IN ITEM 18 PART I OR PART 2)	
OF	rial-tri	7 7	OR CONTRIBUTING CAUSE OF DE	AIR	.M. MONTH D	AY YEAR				
Z S	ding ph ding ph secretif burial-ti Mental	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION			
VISI	After th as the th and arked	ME	WHILE NOT WHILE	(AT HOME ST	REET FACTORY, OFFICE	FARM, ETC ]	STREET	CITY OR TOW		STATE
ā	or a Afte as alth mark		22a I certify that (I) (this hosp	ital) attended th	ne decented from		10 80	6-2	2 1.86	Man last
	T S H S	12.	saw the deceased always	e ended in	/i leceused from	86.	nd that (my (our) opinion	death occurred on the day	te and hour and from the	couses stated
	ECTC ed for im 21	18	above Tower I skid (did no	ri view the body	after death.		DEGREE	and the do		
	Direct Dept	8 0	C) a	well.	form &	)	ATTENDING	MEDICAL _ STAFI	6.	-22 X6
-	RAL det	1	you	Man	Volume		PHYSICIAN	DIRECTOR PHYSICI	AN D	- 2 - 00
0	d be She STA		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	toner	all	27e ADDRESS	in Cit	Dieme Dr	. 21204
3	retoined by the TO FUNERAL E shauld be detoined with the Stote EMPORTANT: If		KUBENT			,	July 506	1 work	prent lor	. 4107
	5 - 2 5	23 <b>c</b> . i	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	BP	_	Burial		5,1986 I			Baltimon		Md.
D	HMH - 16 60M 7/84		OBERT CR. ALTI				E, INC.	REC'D. BY REGISTRAR 2		
	(VRA 15, 4)	6	009 Harford H	Rd., Ba	alto., N	id.	21214	JN 25 1986	Gulia Durdson	Novame

. Total tota 

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc., 5305 Harford Rd.

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Relin.

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Mer. Stockman Dent. Store

Wille . Mindlifove port

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214-05-5451 Andrew Bengeton, Same az Ulie

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Locusti W. Jukk, Mar., 5305 Harford MA.

00	-08571	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYL EALTH AND ICATE OF L	MENTAL HYG	0 0	G. NO.	6 2	46
			CEASED NAME FIRST		MIDDLE	L	AST		20 DATE OF DEA		DAY YEAR	2b HOUR
	noy be poge 3	(TYP	JOSI	EPH	W.	SO	LTESZ			6	4 86	6:45A. M
	pod boe	3. SE		4. RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS L		IF UNDER I YEA	R IF UNDER 24 HRS.
	ctor.		MALE	W	HITE	7 MONTH	29	14	71	YRS	MONTHS DAY	HOURS MIN.
4	Poor Poor		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER A		9 BALTIMORE CI			
	neral neral		country) ontana	USA		WIDOWE		NORCED	Balt	timore	County	MD.
	to de		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C			12a USUAL OCCL	PATION	12b. KIND	OF BUSINESS OR
5 /	1/1/1/19 (1)	C	atonsville		H FACILITY, GIVE STREET  i lmarnoch		6		Lithogra			ersal Lith
27	5 5 6	USU	AL RESIDENCE (IF NURSING HOM STATE 136 CC	E OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)		CITY LILLITED				
S	2 Selled			ltimore	Catonsvi	lle	13d. INSIDE C	NOXT	13e STREET ADDR	marnoc	h Drive	. 21228
YLA	The State of	14. F	ATHER'S NAME				15. MOTHER	SMAIDENNA	ME			
MAR	( ) 18 V 5 X		Joseph	MIDDLE	Soltes	Z	Ma	ary	MID	DIE		brish
m,	D. D.		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMA	ANT	A	DDRESS		
MO	Pog e	(	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	546-09-7	324	Esther	r Solte	sz, 604 k	Kilmarn	och Dr.	, 21228
IS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	uires that the death certificate iigned by the attending physicic or please remove corbanopper buriol, cremation, or remaval.	z	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI IMMED  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last  PART 2. OTHER SIGNIFICAN	DUE TO, OI	R AS A CONSEQUE	ENCE OF		D TO THE TERM	NINAL DISEASE OR	CONDITION (		OXIMATE INTERVAL N ONSET AND DEATH
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	Og Cray		BURIAL, CREMATION, REMOV		236 1	NAME OF C	EMETERY OR		23d. LOCATION			
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	DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR	1		212	29		E REC'D. BY REGIS	TRAR 25b. REG	ISTRAR'S SIGNA	ATURE
	(VRA 15, 4)	Н	ubbard Funera	Home. Ti	ADDRESS 0C. 4107			.   10	N 5 198	6	-	Spinson
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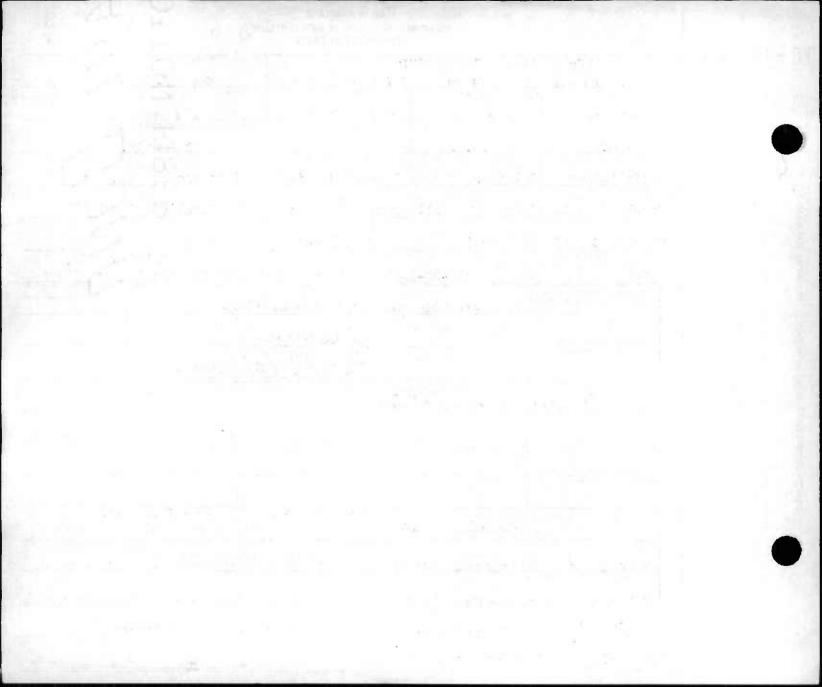
Andrew Andrews

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and direction of the Pog	7o. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIED	☐ NEVER MARRIED ☐	9 BALTIMORE CITY OR COUN		Co,
the form		ITY OR TOWN OF DEATH	11. NAME OF HÖSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME OR IVE STREET ADDRESS) 8		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		BUSINESS OR
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STATE OF MARYLAND



STATE OF MARYLAND

1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY VI	26. HOUR 8:25 awn
	No Jam
Margaret S. Stallings 6. 18.2	
3. SEX  4 RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  6 AGE (IN YEARS LAST BIRTHDAY)  MONTHS  MONTHS	DATS HOURS MIN.
Female white 91/10/16 69 YRS. WONTHS	
JA CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMORE CITY OR COUNTRY OF DEA	TH
COUNTRY) Md. USA MARRIED NEVER MARRIED COUNTY	AAD
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KI	IND OF BUSINESS OR
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Randallstown Baltimore CO, General Hospt Retired Reception USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	nisi
130. STATE 136. COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE	136
14 FATHER'S NAME	. , ,
B Roger Stansfield Anna Durk	LAST
A HUS	tin Rd.
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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DUE TO, OR ASTA CONSEQUENCE OF	
Conditions, if ony, which ( (b) Caucli dieses - Alle Street, Vill ruly	
gove rise to immediate couse IoI, stating the DUE TO, OR AS A CONSTQUENCE OF A	
underlying couse last. (c) entrelist in adam the miles.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR GONDITION GIVEN IN PA	ART 110
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LOS CONTROLUNIO CONTROL HOUR AM. MONTH DAY YEAR I	
21d INJURY OCCURRED 71a PLACE OF INJURY 211L LOCATION	
	STATE
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220. SIGNATURE DEGREE ATTENDING . MEDICAL STAFF	DATE SIGNED
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226. PHYSICIAN DIAME (TYPE OR PRINT) 220 ADDRESS	
WENTERFOU. N. IGLASIA GG Freduck St.	
23a BURIAL, CREMATION, REMOVAL 23b. DATE 23t NAME OF CEMETERY OR CREMATORY 23d. LOCATION	• STATE
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Eline Funeral Home Reisterstown JUN 26 1986 Finis Davidson	Maj Mushe
uneral "ome "el sterstoure", O 1900	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 2d HOUR DATE DAY AST BIRTHDAY PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED * NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFET Rossville Franklin Square Hospita Beth. Steel 13c. CITY OR TOWN 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Balto Essex 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Stapleton Wistie McComas George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 7. INFORMANT ADDRESS Shirley Stapleton 1061S.MarylnAve. 53-55 235-52-7599 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IUSCLEROTIC CARDIO PART I DEATH WAS CAUSED BY UASCULAR DISEASE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF CHIEF MEDICAL EXAM E USED AS A BURIAL - T T OF HEALTH AND MEN lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFFIRE DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY JATHOME 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220 I certify that Least charge of the remains described above, held an Inspection death resulted from Accident Suicide Hamicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION Baltimore Maryland 6/25/86 Oak Lawn Cemetery Burial BP 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ConnellyFuneralHome 300MaceAve.21221 (VR A15 ME (5))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21281	1 0
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ECTOR: After this certificate has been signed by the attinuous physican and completely that in by the vicinital arctor, page 3 and one so the buriot-transit permit. The please remove componing the page of the complete of the please remove componing the page. The please of the please prior to buriot, crimination, as removal.	), J (
m 21 is marked or Item 18 shows any injury, ar other traumatic event the medical examiner made notified traces	J

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TO HOSPITAL ( R. A. retained by the nos. TO FUNERAL DIREC should be detached with the State Dept IMPORTANT: If tem		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINTY STRE	Juff	14	DEGREE 220 ADDRE	1	MEDICAL DIRECTOR PH	STAFF HYSICIAN	6	-12-86
BP should be writed by the state of the stat	230 B	URIAL, CREMATION,	REMOVAL	23b. DATE 6/16/86			EMETERY OF	RCREMATORY	23d. LOCATION Randal 12	stown Bal	1thire	Maryland

24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Mary Tand 21133

DHMH - 16 60M 7/84 (VRA 15, 4)

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Time to be a figure of the contract of the con

23c. NAME OF CEMETERY OR CREMATORY

Glyndon Balto.

REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md.

who Davidson-Murphane

St. Johns

DHMH - 16 50M 1/76 (VR A 15 (4)) 23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

23b. DATE

7-1-86

Henry W. Jenkins & Sons Co., Balto, Md.

THE CONTRACTOR OF THE PARTY OF

Henry W. Jor for & song Or., Entro., Val.

## - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2n DATE OF DEATH FIRST TYPE OR PRINTS NEWELL 1. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR WHITE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN NEVER MARRIED MARRIED [ COUNTRY WIDOWED DIVORCED 4 TOWN OF DEATH NAMEOF 17h KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE INDUSTRY TAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION) 13b, COUNTY 13e STREET ADDRESS / ZIP CODE CITY OR TOWN 13d INSIDE CITY LIMITS? NO KEISTELSTOWN 4 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT YES. NO OR UNKNOWN LIF YES GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to ASCUD DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [] NOF 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from saw the deceosed alive on. and that in (my) (our) apinian deoth occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE DEGREE KUKO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

23b. DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22e ADDRESS

23d LOCATION 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR

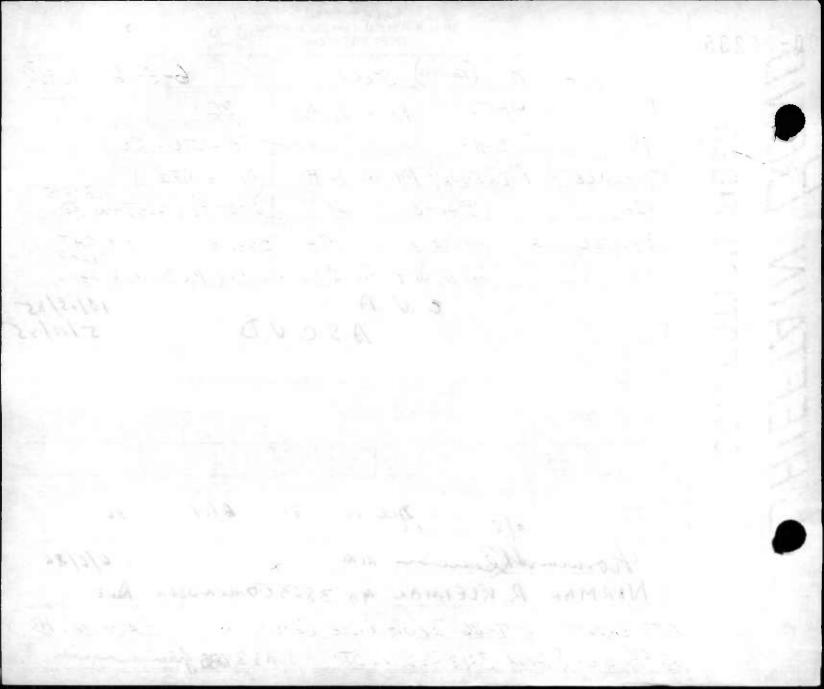
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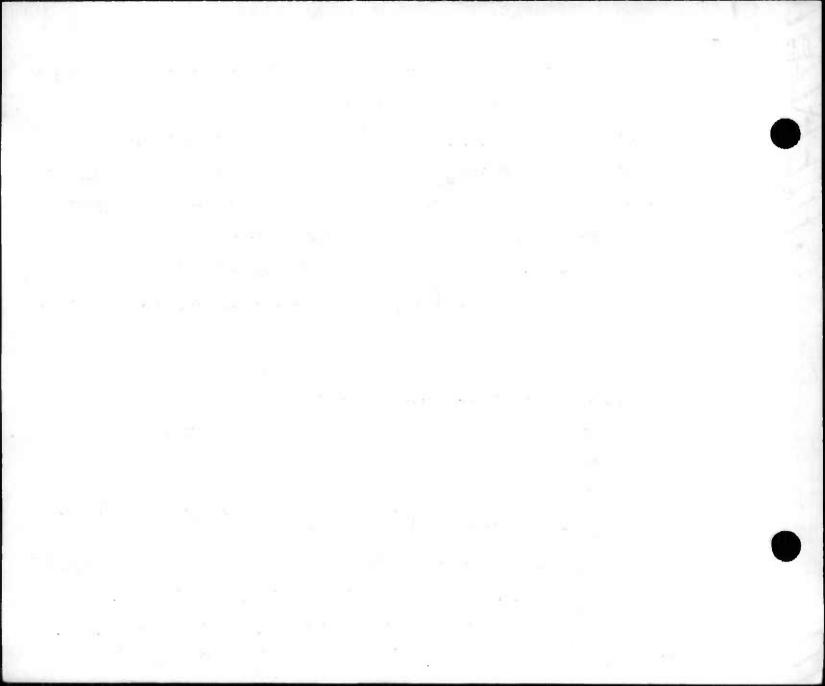
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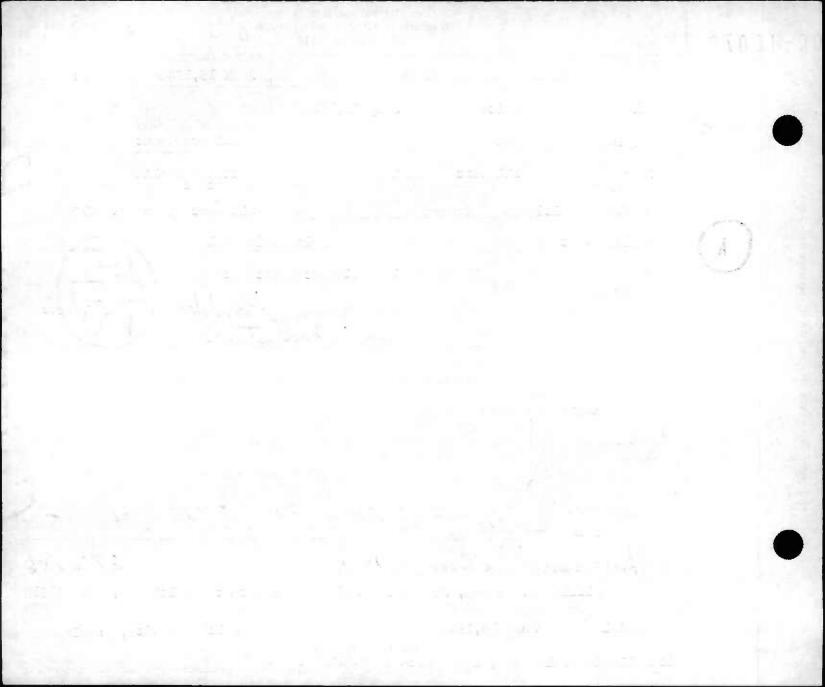
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	00-
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour offer death. Page 4 may be retained by the hospital or offending physician.	- 0
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Once 3 should be filled within 72 hours after death	84
with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.  MADATANT. If Hem 21 is marked or them 18 shows any injury, or other traumatic event the medical examiner must be harrised or order.	5
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}		FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT	H		REG. NO		6	2	5	4
		OR PRINT) EIRST	ald Com	pher S	STEVEN			20. DATE OF D Jun	e 1,		DAY	YEAR	26 HO 10:	:00A _M
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/	16a W	VAS DECEASED EVER IN U.S.	. ARMED FORCES? S. GIVE WAR OR DATES)	166. SOCIAL SECU	URITY NO.	17 INFORMANT Elizabet	h Ste	vens 1	Full		ven	ue	2120	)6
		18. CAUSE OF DEATH LEnter PART I. DEATH WAS CA IMME  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICA	DUE TO, CO  DUE TO, CO  DUE TO, CO  DUE TO, CO  CO  DUE TO, CO  CO  CO  CO  CO  CO  CO  CO  CO  CO	R AS A CONSEQU	PENCE OF	NOI BELAVED TO Y				Do	en e	APPROX BETWEEN	Siz	D DEATH
2	CERTIFICATION	CVA'S,	Lenal 196. COND	ITION FOR WHICH	early.	N WAS PERFORMED		20a AUTOP	NO[X]X	206. IF YE IN CERT	S, WER	E FINDIN CAUSES	NGS USI	ATH?
9	MEDICAL CE	210. ACCIDENT WAS UNDERWING OR CONTRIBUTION CAUSE O (IF EITHER POTIETY MEDICAL EXAM 210. IN JURY OCCURSED  WHILE AT WORK AT WORK AT WORK	E DEATH HOUR A	OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OEFICE,	19	21t. HOW INJURY  211 LOCATION STREET	OCCURRE	D (ENTER NATU	CITY OR TOV			R PART 7]		STATE
		22a. I certify that (I) (this is sow the deceased always obove, (I) (was) (did) (did) 22b. SIGNATURE	e on 1 Cke	19_	[	nd that in (my) (	opinion de	, to	on the do	te ond ho			couses s	
1		22d. PHYSICIAN'S NAME (1		146	MT.	22e. ADDRESS		MEDICAL DIRECTOR				June		1986
_		John Wy  URIAL, CREMATION, REMO		23c.	NAME OF C	7527 B		Road 23d LOCAT		more	. Md	. 21	236	<del></del> -
		Burial				Memorial		Bel REC'D. BY REC	air I				Md.	STATE
		Neral Director Dip 10 Belair Roa		nore Md.			<b>JU</b>		386	THE REGIS	David	401-1	pinde	

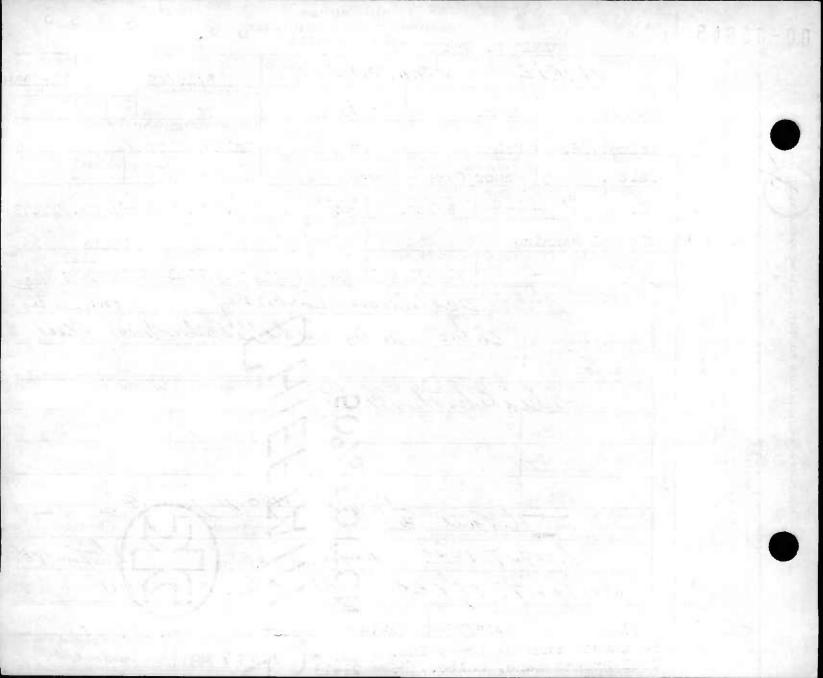
DHMH - 16 50M 4/83 (VRA 15, 4)



0078	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	FIENE 8 6	1 6 2	5 5
e 6.4		CEASED NAME FIRST		IDDLE CON	1	AST	20 DATE OF DEATH MONTH		2b HOUR
oge deat				DUIS STO			JUNE 15,1986	IF UNDER I YEAR	6:00 A M
ge 4 may be ector, page 3 vrs after death	3. SE)	Male	4 RACE White	9	5. DATE C	y 25,1916 ^{EAR}	69	MONTHS DAYS	HOURS MIN.
rerol directory				vhat country?	0	NEVER MARRIED	Baltimore Co	JNTY OF DEATH	MD
by the fur filed within		TOWSON	11F 3212 V	Veather be	ee Rd.	OR OTHER INSTITUTION	120 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORK Certified Put		OF BUSINESS OR
filled in looved be f	13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b CO Maryland Bal	or other institution of Unity .timore	ISE CITY OR TOWN TOWSON	E AOMISSION)	13d. INSIDE CITY LIMITS? YES NO X	Accountant  13e STREET ADDRESS / ZIP 0  322 Weathert		21 204
on the Bo	)4. FA	THER'S NAME Daniel L. Sto	widdie	LAST		15 MOTHER'S MAIDEN NA Lula Ma	rie Neal	LAS	Ti
Proceed with the second		(AS DECEASED EVER IN U.S. ES NO OR UNKNOWN) (1F YES.	ARMED FORCES? GIVE WAR OR OATES)	218-09-		Elizabeth He	ADDRESS eath Stone	Same	MATE INTERVAL ONSET AND DEATH
w requires that the death certilizen signed by the attending print. Then please remove carbon rior to burial, cremotion, or remy injury, or other troumotic even	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	(b)		ENCE OF	NOT RELATED TO THE TERM		N GIVEN IN PART 1:	NGS USED
yston.	CERTIFICAT	210 ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	YES NO IN C	YES OR PART 1 OR PART 2)	NO [
G PHYSICIAN attending phy attending phy ter this certific s the burial-trivial Amental I ked or Item.	MEDICAL	OR CONTRIBUTING CAUSE OF I	P.A.		19	.711 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Spital or CTOR Aft I for use a of Health		27a I certify that (I) (this has sow the deceased alive abave, (I) (west and (did	on 4/3	D19	86.01	nd that in (my) (our) apinion	death accurred on the date and	d hour and from the	
HOSPITAL OR And by the holo by the holo by the hold be detoched in the State Dept ORTANT: If hem		22d. PHYSICIAN'S NAME (TYP		enson	In &	ATTENDING PHYSICIAN 22e ADDRESS			16/86
ro Hosp etoined TO Fund should be with the !			m P. Bens				vert St. Balt	imore, Mo	1. 21218
BP		urial, cremation, remov. Burial	June 18		Loud	on Park	23d LOCATION CHYORTOWN Baltimore	City, Mar	state vland
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR  NAME  tchell-Wiedefe	eld Home,	Inc. Ba		TOTK KU.	TE REC'D. BY REGISTRAR 256, RE	GISTRAR'S SIGNAT	URE ,



							OF MARYLAND		1 6 0	5 6	
00-	09645	1 -	FOR STATE		DEPART	MENT OF HE	ALTH AND MENTAL HY	GIENES 6	106	3	
00	000,0	L	REGISTRAR	MARIE B.	STRATME	EYER	LATE OF DEATH	REG. NO			
			EASED NAME FI	RST .	MIDDLE	LA:	N .	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR	
	noy be poge 3 er death		1181	RIE		ATM	2/21	6/16		11:50AM	
	4 то tor, po offer o	3. SE	(	4. RACE		5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YE		
	ge 4	]	Female	Cauc.		10	/2/09	76	YRS.		
	Po dir		RTHPLACE (STATE OR FOREN	GN 76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	☐ NEVER MARRIED ☐	9. BALTIMORE CITY O	R COUNTY OF DEATH		
	oth.		Balto Md.	USA		WIDOWED	_	Balto. C	ountv	MD.	
1	30	10. C1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION	12g. USUAL OCCUPATE	ON 126. KINI	D OF BUSINESS OR	
1345	0 3 90	I	Balto.	Manor	Care -	Tows	on	Housewif			
(4)	be be		L RESIDENCE (IF NURSING F	ME OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	E ADMISSION)	3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
2	Z E S		Id.	COOM	Balto		YES X NO		Federal S	t. 21205	
Y.	ithii 2 sh	14. FA	THER'S NAME		1447		S MOTHER'S MAIDEN NA	ME			
MARYI	و المحالة الم	1	Michael Ma	nning	LAST	387	Madeline	MIDDLE	Hittle	LAST	
R.	S cor	14a V	AS DECEASED EVER IN I	J.S. ARMED FORCES?	166. SOCIAL SECL	JRITY NO.	17. INFORMANT	ADDRE		1234	
BALTIMORE,	Pages medico	8	ES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	215-05	-897	John Stra	tmever 292			
ALTI	te b			nter anly ane cause per				1	ACTIVITY NETWORK	CHURCH WHITE COLUMN	
	physical phy		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY:	oceli	un	1- Coros	races	m	untes	
W. PRESTON ST	41 01 0		IMA	WEDIATE CAUSE (d)	and conserve	eurone.	1 / 1	1/1.1	,	Me	
STO	T 00-0		Conditions, if any, which Current Selvater (alles Casselles Current fair								
PRE	he deat he atter emove c motion, r troum	19.1	gave rise to immedi	ote		ener or	AREA IN THE		0		
3	by 1 se s cre	1	underlying couse l		R AS A CONSEQU	ENCEUP				17 11 11 11	
201	o rio ed		PART 2. OTHER SIGNIFX	CANT COMPDITIONS CO	NTRAUTING DE	DEATH BUT	OT HE ATED TO THE TER	MINAL DISEASE OF CON	OITION GIVEN IN PART	Tio:	
DIVISION OF VITAL RECORDS,	squire r sign to bu njury.	N		20114	10-14	olle	Viet				
CO	been rmit. I prior	CERTIFICATION	M. DATE OF OPERATION	IN COND	TION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN		
LRE	w se	F						YES NOT	IN CERTIFYING CAUS	SES OF DEATH?	
/ITA	F S G S	8	21g. ACCIDENT WAS UNDERLY	ING 216. TIME O	F INJURY		21c. HOW INJURY OCCU	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 OR PART	2)	
OF V			OR CONTRIBUTING CAUS	LOI DENTIL		AY YEAR					
NO	≥ 50 ° 5 ≤	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION				
VISIA	the the bond and ked o	×	WHILE NOT WHILE	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC )	STREET	72 CITY OR TO	WN COUNTY	STATE	
ā	ENDING Palar of or other the or other the or other the or other or other is morked is		22a.l certify that (I) (Nu	hospitals attended sh	e deceased from	4/10	24 19	10 10	195	, that (In two) last	
	F = 0 0 + 5		saw the deceased a	live on 16 /n	ull 198	36_, one	that in (my) (eur) opinion	death occurred on the de	te and hour and from	the couses stated	
	A S D D + E	-00	obove, (I) (we)(did) 22b. SIGNATURE	view the body	after death7	D	EGREE		220.01	ATE SIGNED	
	AL OR Y the he AL DIRE Getache ate Dep		h	alfu J.	1 Les	N	ATTENDING	MEDICAL STAI	FAND 16	aue 1986	
1000	O HOSPITAL erained by th TO FUNERAL should be det with the State MPORTANT:		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e. ADDRESS	DIRECTOR 11113R			
	HOSPII ined by FUNER wid be h the St		Walt	PITI	TEE.	5	Muxic	ten Ma	2/11/1		
	TO HOSPITAL ( retained by the TO FUNERAL I should be deta with the State I IMPORTANT: If	22- 6			122	NIAME OF CE	METERY OR CREMATORY	23d. LOCATION	•		
			BURIAL, CREMATION, REA					CITY OR TOWN	COUNTY	STATE	
	BP		Burial	6/19		<u>Oakla</u>	wn Cemeter	TE REC'D. BY REGISTRAR	Md 25b. REGISTRAR'S SIGN	NATURE	
t	DHMH - 16 50M 4/82	1 2	chimunek	Funeral H	ome portn	C.		141 4 00	Chichas Bavidon		
	(VRA 15, 4)	_3	331 Brehm	s Lane, B	alto.,M	d.	21213	JN 1 7 1986	- TOWN OF THE PARTY OF THE PART	(	



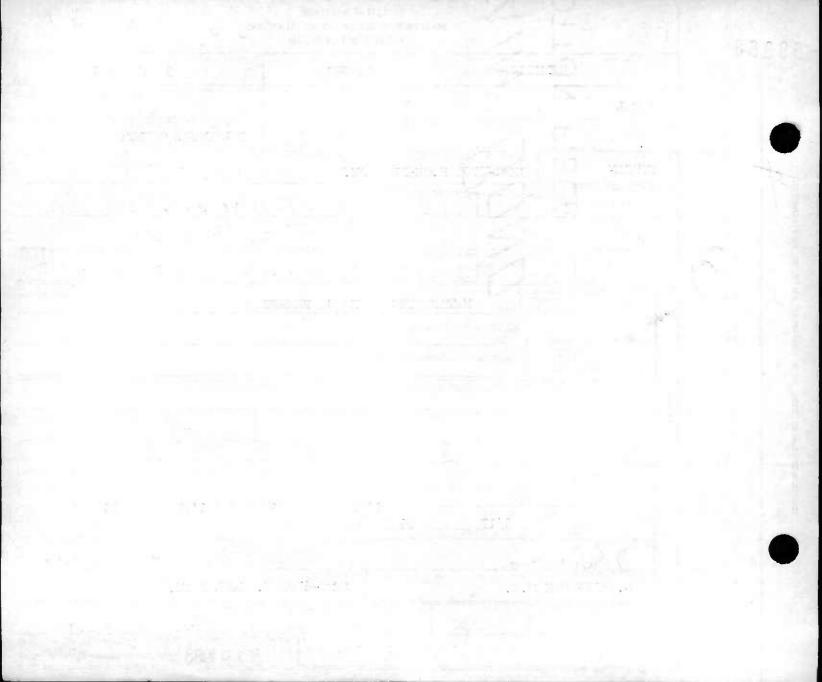
AARYLAND 21201	d within 24 hours arren death. Page 4 may be	npletely filled in Eg. the function director, page 3 and 2 should be filled within 72 hours ofter death	September 19 Septe	3. 70 10
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physological and completely fulled in by the funeral director, page 3 though be detached for use as the buriol-transit permit. Then please empression appears and 2 should be filled within 72 hours often death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remodal.	IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other traumants even in the decorated of the state of the	1.6
	TO HOSPITA	TO FUNERA	IMPORTAN	7

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1		FOR STATE REGISTRAR	1000	CERTIF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	16	2 5	1		
		CEASED NAME FIRST BERN	NICE		TRONG	20. DATE OF DEATH	6 17 '8		HOUR		
3	, SEX	FEMALE	BLACK	S. DATE C	5.2, 1922 YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)  IF UNDER  MONTHS  YRS.	DAYS HOL	NDER 24 HRS JRS MIN.		
1	C	RTHPLACE (STATE OR FOREIGN OUNTRY)  VIRGINIA	U.S.A.	WIDOWE		9. BALTIMORE CITY OF BALT IMORE	COUNTY		MD.		
1	1	TOWS ON	GBMC-6701 N.CHA			(TYPE OF WORK FOR MOST OF RETIRED		IND OF BUS	SINESS OR		
5	13a. S M			4	YES X NO 1	13e STREET ADDRESS / 3717 BEEH		. 212	215		
2	_	THER'S NAME OHN W. SLAUG	HTER		15. MOTHER'S MAIDEN NAM	ALIDDU.	HTER	LAST			
P		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (1F YES, GIV NO	ME MAD OD DATES)		STERLING J.	STRONG 1		orest	2120. Pk.		
	TION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	NCE OF		inal disease or cond					
4	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		IN CERTIFY			WERE FINDINGS USED YING CAUSES OF DEATH?		
	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH DA	19	21c. HOW INJURY OCCURR 21c LOCATION STREET	ED (ENTER NATURE OF INJUR			STATE		
_		22a.   certify that (1) (this hasp	at) view the body after death.  OR PRINT)	6, ar	nd that in (my) (aur) apinion of DEGREE  ATTENDING PHYSICIAN  226. ADDRESS  GBMC - 6701 N	MEDICAL STAF	F 222.	m the cause			
	04 FI	URIAL, CREMATION, REMOVAL SPECIFY)  Burial  INERAL DIRECTOR  TO TO D. Dyett	6/21/86 K	ing N	Mem. Park hts.Ave.	23d. LOCATION CITY OF TOWN Baltimor EREC'D. BY REGISTRAR	Sh REGISTRAR'S SI	GNATURE	STATE		
4	Le	roy O. Dyett	, 4600 Libert	y Hgl	hts.Ave.	N 1 9 1986	No a best		S SIGNATURE		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



10-	1	07	93
1201	ours ofter death. Page 4 may be	in by the funeral director, page 3 e filed within 72 hours after death	be notified of ence.

bours ofter

within 24

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 60M 7/84 (VRA 15, 4)

1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1	4	()	10	8
6	1	0	65:50	~	

REGISTRAR	REG. NO.								
DECEASED NAME (TYPE OR PRINT) Robert	June 28, 1986 26 10	JR 50an							
. SEX Male	ARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 1 MONTHS DAYS HOURS	MIN.							
BIRTHPLACE (STATE OF FOREIGN North Carolina	RECITYOR COUNTY OF DEATH	W							
Randallstown	FOR MOST OF WORKING LIFE) PRIVATE E	ESS OR							
JSUAL RESIDENCE (IF NURSING HOME OR 30. STATE 3b. COUN BALL	DDRESS / ZIP CODE 21136 Prookebury Dr. Apt. 10	5							
FATHER'S NAME FIRST Fred	MIDDLE Wyatt	E							
60 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	ADDRING Brookebury Di	r•1(							
PART 2 OTHER SIGNIFICANT C  PART 2 OTHER SIGNIFICANT C  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	PSY? 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	VERE FINDINGS USED							
OR CONTRIBUTION CAUSE OF DEAT (IF EITHER, NOTIFY MEDICALEXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22e. I certify that (I) (this hospital) attended the deceased from 10 - 10, (25), 19, 80, 10, 10, 20, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10								
30. BURIAL, CREMATION, REMOVAL	Sen. Hosp.	STATE							
276. SIGNATURE  MELO  276. PHYSICIAN'S NAME (17PE OF	STAFF  Sen. Hosp.  TION	8							

Hobert reader .No. . wither . City courses are a faced by the 18061.1 with the latest of all the spiles of

should be detached for use as the burial-transit permit. Then ples with the State Dept. of Health and Mental Hygiene priar to buria

TO FUNERAL DIRECTOR: After this certificate has been signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician. BP.

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	2	5	3
		3.	*

DECEASED NAME	EIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR
TYPE OR PRINT)	Mary V. SU	LLIVAN			June 16,	1986		11:25p
SEX	4. RACE		5. DATE	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BI		HE UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Female	White			- 7- 1902	84	YRS		HOURS MIN.
BIRTHPLACE (STATE OR		F WHAT COUNT	RY2 18	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland	US	A	WIDOW		Baltimore	Count	У	M
I. CITY OR TOWN OF DE		F HOSPITAL, NUF		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OF
Rossville	Frankl	in Squar	re Hosp	oital	Title Ad	visor	DMV	
SUAL RESIDENCE (IF NUR 30. STATE	SING HOME OR OTHER INSTITUTE	13c. CITY OR T		1 13d. INSIDE CITY LIMITS	13e STREET ADDRESS	/ ZIP CODE		
Maryland	Baltimore	Parkvil	lle	YES NO	8919 Walt	ham Wo	ods Rd	. 21234
FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME		LA	
William	E.	Burgar	1	Mary	Catherine		0.Bri	
WAS DECEASED EVER	R IN U.S. ARMED FORCES			17. INFORMANT	ADDR	ESS	7,222	
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	212-30	0-6806	Per McCusko	r Same as 1	30		
THE CALLES OF DEAT	TH. 5 / 1			Cardionulmon	ary Arrest se	cond	+A APPROX	ONSET AND DEATH
Conditions, if any gave rise to im cause (a), staticularlying cause	which (b), mediate ng the e last.	OR AS A CONSE	OUENCE OF	art Failure				
gave rise to im cause (a), stati underlying cause	DUE TO, which (b), mediate ng the e last.  DUE TO, (c)_ (c)_	OR AS A CONSE  Congest  OR AS A CONSE  CONTRIBUTING	QUENCE OF	art Failure	ERMINAL DISEASE OR CON	20b. IF YES	, WERE FINDI	NGS USED
gave rise to im cause (a), stati underlying cause	DUE TO, which (b), mediate ng the e last.  DUE TO, (c)_ (c)_	OR AS A CONSE  Congest  OR AS A CONSE  CONTRIBUTING	QUENCE OF	art Failure		20b. IF YES	, WERE FINDI	NGS USED
PART 2 OTHER SIG	DUE TO,  //, which mediate ng the e last.  NIFICANT CONDITIONS  VION 196 CON  IDERLYING 216. TIME CAUSE OF DEATH HOUR	OR AS A CONSE  CONGEST  OR AS A CONSE  CONTRIBUTING  DITION FOR WH  OF INJURY  A.M. MONTH	QUENCE OF	ART FAILURE  IT NOT RELATED TO THE TE  ON WAS PERFORMED  216 HOW INJURY OCC	20a AUTOPSY?	20b. IF YES IN CERTIF' YES	S, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
PART 2 OTHER SIG	DUE TO,  which mediate ng the last.  NIFICANT CONDITIONS  TION 196 CON  DERLYING 216. TIME CAUSE OF DEATH DICAL EXAMINER)	OR AS A CONSE CONGEST OR AS A CONSE CONTRIBUTING DITION FOR WH OF INJURY A.M. MONTH P.M.	QUENCE OF	T NOT RELATED TO THE TE	200 AUTOPSY? YES NO X	20b. IF YES IN CERTIF YES	S, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
PART 2 OTHER SIG	DUE TO,  which mediate ng the e last.  NIFICANT CONDITIONS  TION 196 CON  DERLYING 216 TIME HOUR  CAUSE OF DEATH HOUR  IRED 216 PLAC	OR AS A CONSE  CONGEST  OR AS A CONSE  CONTRIBUTING  DITION FOR WH  OF INJURY  A.M. MONTH	QUENCE OF  TO DEATH BU  IICH OPERATIO  DAY YEAR  19	ART FAILURE  IT NOT RELATED TO THE TE  ON WAS PERFORMED  216 HOW INJURY OCC	200 AUTOPSY? YES NO X	20b. IF YES IN CERTIF' YES	S, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
PART 2 OTHER SIG	DUE TO,  (r), which mediate ng the e last.  DIE TO, (c)  (c)  (c)  (c)  (d)  (d)  (d)  (d)	OR AS A CONSE  CONGEST  OR AS A CONSE  CONTRIBUTING  OF INJURY  A.M. MONTH  P.M.  E OF INJURY  STREET, FACTORY, OFF  the deceosed from  16	QUENCE OF  TO DEATH BU  IICH OPERATIO  DAY YEAR  19  ICE, FARM, ETC.)  JUNE	T NOT RELATED TO THE TE	200 AUTOPSY?  YES NOW  URRED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF' YES	county	NGS USED S OF DEATH? NO STATE
PART 2 OTHER SIG	DUE TO,  //, which mediate ng the e last.  DUE TO,  (c)  NIFICANT CONDITIONS  VION  196 CON  IDERLYING  CAUSE OF DEATH HOCAL EXAMINER)  P (this haspital) attended  Sed alive an	OR AS A CONSE  CONGEST  OR AS A CONSE  CONTRIBUTING  OF INJURY  A.M. MONTH  P.M.  E OF INJURY  STREET, FACTORY, OFF  the deceosed from  16	QUENCE OF  TO DEATH BU  IICH OPERATIO  DAY YEAR  19  ICE, FARM, ETC.)  JUNE	Art Failure  IT NOT RELATED TO THE TE  ON WAS PERFORMED  216 HOW INJURY OCC  216 LOCATION STREET  . 19 and that in (my) (aur) apin  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NOW  CITY OR TO  SO MEDICAL STA	20b. IF YES IN CERTIF' YES	county	NGS USED S OF DEATH? NO STATE
PART 2 OTHER SIGNATION OF CONTRIBUTION OF CONT	DUE TO,  which mediate ng the e last.  DUE TO, (c) NIFICANT CONDITIONS  OTHER  OTHER	OR AS A CONSE CONTRIBUTING  OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFF	QUENCE OF  TO DEATH BU  IICH OPERATIO  DAY YEAR  19  ICE, FARM, ETC.)  JUNE  9 86 , c	T NOT RELATED TO THE TE  ON WAS PERFORMED  216 HOW INJURY OCC  216 LOCATION STREET  19 and that in (my) (aur) apin  DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	200 AUTOPSY?  YES NO NO NOTE  CITY OR TO  SOME MEDICAL STA  MEDICAL PHYSIC  MEDICAL PHYSIC  MEDICAL PHYSIC  MEDICAL STA	20b. IF YES IN CERTIFY YES  DWN  Lote and hause	county	STATE  that (H (we) lose couses stated
PART 2 OTHER SIG	DUE TO,  which mediate ng the e last.  DUE TO, (c) NIFICANT CONDITIONS  OTHER  OTHER	OR AS A CONSE CONTRIBUTING  OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFF	QUENCE OF  TO DEATH BU  IICH OPERATIO  DAY YEAR  19  ICE, FARM, ETC.)  TO DEATH BU  ICH OPERATION  19  A PROPERATION  TO DEATH BU  ICH OPERATION  TO DEATH BU	TO NOT RELATED TO THE TE  ON WAS PERFORMED  216 HOW INJURY OCC  216 LOCATION STREET  217 LOCATION STREET  ATTENDING PHYSICIAN  228 ADDRESS	200 AUTOPSY?  YES NO NO NOTE  CITY OR TO  SOME MEDICAL STA  MEDICAL PHYSIC  MEDICAL PHYSIC  MEDICAL PHYSIC  MEDICAL STA	20b. IF YES IN CERTIFY YES DWN  6 late and haus	COUNTY  19 86  220 DATE	NGS USED SOF DEATH? NO  STATE  that (H (we) lase causes stated  E SIGNED  (U.S.)

Leonard J. Ruck, Inc. Baltimore Maryland 21214

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar

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6/2/1986

Walter Brooks Bradley Inc. Balto., Md. 21222

Cremation

24 FUNERAL DIRECTOR

Elizabeth Bertha Sylvester CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Green Mount Crematory

REG. NO

26 HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

22c. DATE SIGNED

Baltimore, Maryland 21202

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

86

DHMH-16 60M 1/73 (VR A 15 (4))

00-08368

- STATE

REGISTRAR

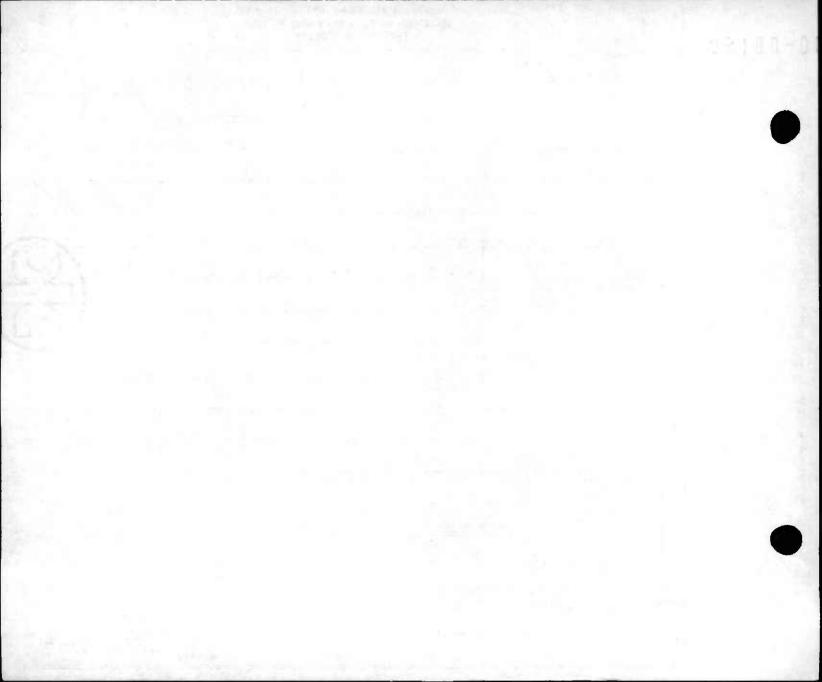
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0853	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENS 6	, ,	261
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		2b. HOUR 6:15p
moy be poge 3		Gusta		lab	orsky		June 28,		, W
4 mo	3. SE		4. RACE	T 4 3 7	5. DATE O		6 AGE (IN YEARS LAST B	IRTHDAY) IF UNDER	DAYS HOURS MIN.
Poge directs hours a		MALE	CAUCAS		02	18 05	81	YRS.	
Se 300	M	RTHPLACE   STATE OR FOREIGN COUNTRY)	IISA	WHAT COUNTRY?	WIDOWE		Balti	more Count	
2 200	R	OSSVILLE	FRANK	LIN SQU	ARE I	HOSPITAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOST CABINET	OF WORKING LIFE) IND	KIND OF BUSINESS OR BUSINESS OR FURNITURE
n 24 hou		AL RESIDENCE I IF NURSING HOME COL		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  ROSEDA	N	13d INSIDE CITY LIMITS? YES NO 💢	130 STREET ADDRESS		VE. 21237
edico o uniminal e fi	)	ATBERT	WIDDLE	<u>ТАВО</u>		IS MOTHER'S MAIDEN N JOSEP	HINE	MATUSI	EK LAST
ficote be execu- physician and ci popers. Pages moval.		VAS DECEASED EVER IN U.S. A yes, no or unknown)     I if yes, G   NO	RMED FORCES?	577120		MARGARET	TABORSKY	7849 OAI	KDALE AVE.
equires that the death certificate is signed by the attending physici. Then please remove carbon paper to burial, cremotion, or removal, njury, or other froumatic event, the	Z	Conditions, if ony, which gove rise to immediate cause ia), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	b)   DUE TO, O   lc)	R AS A CONSEQUE MYOCAPdia R AS A CONSEQUE  DITRIBUTING TO D	NCE OF		MINAL DISEASE OR COI	NDITION GIVEN IN F	PART Ito
on. hos been to permit. There prior the prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO		FINDINGS USED CAUSES OF DEATH?
g physic g physic g physic iol-trons entitle gental hyge	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH HOUR A.	DE INJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PARI 1 OR I	PART 2)
DING PHYS or affer this e os the bu alth and Me morked ac	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE LAT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR I	OWN COL	UNIY STATE
OR ATTENDING PHYSICIA e hospital or attending ph DIRECTOR: After this certificable for use as the burial-tr bept, of Health and Mental f them 21 is marked at them		220.1 certify that (this has sow the deceased alive a abave, (1) (we) (did) (dit) n			June 36, an	d that in (m) (our) opinia	, 10	dote and hour and fr	. 11101 (1-(110))
		226 SIGNATURE  R. WOOD W  226 PHYSICIAN'S NAME LIYER	and	MD		ATTENDING PHYSICIAN	MEDICAL ST.	AFF .	-28-86
O HOSPITAL etained by th TO FUNERAL should be det, with the State IMPORTANT:		R. Wood	ward, M.			9000 Frank	lin Square [	rive, 212	37
BP		BURIAL, CREMATION, REMOVA		4		AN NATIONA	T. BALTO	COUNT	MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	THE RADINGOR WOLL	1211	ADDRESS	no Ar	25a. D/	UN'30	R 25b. REGISTRAR'S S	IGNATURE

BALTIMORE, MARYLAND 21201	
, BALTIMORE,	
201 W. PRESTON ST.	
201	
DIVISION OF VITAL RECORDS, 201	

0 -

				STATE OF MARYLAND		
	1	FOR STATE	DEPARTM	IENT OF HEALTH AND MENTAL HYG	SIENE O 6	6204
19158		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
00100		CEASED NAME FIRST	Lee MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge 3		ARthur	TAYLOR		6/9/86	450 M
mo de	3 SE	X	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
3 90 .		MAIE	BIACIC	MONTH DAY YEAR JA	54 YRS	MONTHS DATS HOURS MIN.
2 62	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
1 1 10		Jorth CAROLINA	USA	WIDOWED DIVORCED	BA HimORE (	Pounty MD.
1 11/1/	10.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		170 USUAL OCCUPATION	17b. KIND OF BUSINESS OR
1 55 1	2	Towson	StELLA MAR	es Hospics	Disabled	E) INDOSTRI
1 1/2/	13u.	AL RESIDENCE (IF NURSING HOLLE)	THER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CODE	21215
も事業の		Md	Baltimo		5810 Narc,	
1 国际是202	M E	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE . a	LAST
VI BUC	1	ARCHIE	TAYLOR	NEILIE	ELLIOH	(ASI
1 11 8/		VAS DECEASED EVER IN U.S. AR	MED FORCES? 186 SOCIAL SECUR	RITY NO. 17 INFORMANT	ADDRESS	-
1 11		Yes		6837 Ethel J. Ta	ulor 5810 Nar	-CISSUS Ave
1 0 0 0		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and D BY:	ic B	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4000			E CAUSE (0) ASTROCK	ITOMA		
nding corb or or			DUE TO, OR AS A CONSEQUE	NCE OF		
deo offe ove offe ove		Conditions, if any, which	(b)			
the remo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
d by lease iol, c		underlying cause last	(c)			
uires igne en pl bury.	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1ra
y inj	CERTIFICATION		Tuesday and the same and the sa			
no. hos bermine permine prime	FICA	190. DATE OF OPERATION	19b. CONDITION FOR WHICH (	DPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
The licion	ERTS	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121. HOW MILERY OCCUPY	YES NO YE	S NO
Phys phys fiftico ol Hy ol Hy	_	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	CED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
YSIC ding s cer went	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 716. INJURY OCCURRED	P.M.	211 LOCATION		
the bond of	WE	WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE FA		CITY OR TOWN	COUNTY STATE
Afte os options		AT WORK	tal) attended the deceased from	5/18 10 06	619	10 F/m 1 1 1 1 1
TEN TO R OR OR I		saw the decease a line on above, (I live (did ) did no		6 , and that in (my) (our )opinion	death accurred on the date and hou	19
RECIPE OF POTE OF PO		77a SIGNATURE 1	t view the body after death	DEGREE		22c. DATE SIGNED
the troch reacher be De		axex	FOLLO VADI	ATTENDING	MEDICAL STAFF ☐ DIRECTOR ▼ PHYSICIAN ☐	12/9/8/2
O HOSPITAL efained by the TO FUNERAL should be det with the State MAPORTANT:		27d. PHYSICIAN'S NAME (TYPE O	R PRIN1}	PHYSICIAN [	a Maris Hospice	0/1/00
retained TO FUNE should be with the S		Kendall	R. Faulkner, M.D	Stell	ey Valley Rd T	owen MD 21204
Short Short	23n F	LIBIAL CREMATION PENOVAL		AME OF CEMETERY OR CREMATORY	236 LOCATION	OWSOIT, FID Z1Z04
BP	230.	Burial		uid Ridge Cemetery	CITY OR TOWN	countro MD
	24 F	JNERAL DIRECTOR	0/14/00 DI			
DHMH - 16 60M 7/84 (VRA 15, 4)			me West 4300 Waba		RECD BY REGISTRAR 25 REGIST	MANAGE - NOTH
(**************************************	- 1	2. 317 1 41101 41 1101	ne ness tood nabl	2511 AVCINC		



## STATE OF MARYLAND

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FOR STATE REGISTRAR			CERTIFICATE OF DEATH			
I. DECEASED NAME	FIRST	MIDDLE	LAST	2a. DATE		
(TYPE OR PRINT)	000		THOMAC	,		

REG. NO.		
. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
June 3, 1986		4:16am
. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS

	1 RACE	5. DATE OF	BIRTH		O. AGE (IN
FEMALE	WHITE	JÜNË	18,	1901	84
HPI ACE (STATE OF FOREIGN	THE CITIZEN OF WHAT COUNTRY?	8			9 RALTIM

ALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County

12b. KIND OF BUSINESS OR INDUSTRY

RADIO

10. CITY OR TOWN OF DEATH

JOHN

MARYLAND

Lena

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS).
FRANKLIN SQUARE HOSPITAL NURSING HOME OR OTHER INSTITUTION
13b. COUNTY
BALTIMORE

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

**THOMAS** 

INSPECTOR 8101 ARTSGETOWN DR. 21236 NO

MIDDLE

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MARYLAND 14 FATHER'S NAME

USUAL RESIDENCE 13a, STATE

COUNTRY

3. SEX

MIDDLE

STAHL

2-22-4810

ROSE 16b. SOCIAL SECURITY NO

JOHN

15. MOTHER'S MAIDEN NAME

J.

SCHMITT ADDRESS

6700 QUEENS FERRY

18: CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 16 voreicum IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF

Aldidy DomiA

APPROXIMATE INTERVAL

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

(AT HOME, STREET, FACTORY OFFICE FARM, ETC.)

DUE TO, OR AS A CONSEQUENCE OF ASSULATION

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0

	DEMON	T	719
190	DATE OF OPERATION	19h	CONE

716. TIME OF INJURY DAY YEAR

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO F YES [

71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21e. PLACE OF INJURY 21d. INJURY OCCURRED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

THOMAS

COUNTY

WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not) view the body atter death.

and that in [my] (our) opinion death occurred on the date and hour and from the causes stated

STAFF

PHYSICIAN

22b. SIGNATURE

22e. ADDRESS

DEGREE

21L LOCATION

9712 Belair Road

MEDICAL

DIRECTOR

Charles Hoesch, M.D. 23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER

23d LOCATION BALTIMORE, MARYLAND

BURTAL JUNE 5, 86 24 FUNERAL DIRECTOR

ATTENDING

PHYSICIAN

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND			,	1	6	23
DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH	6		6	Ca	0	
CERTIFICATE OF DEATH	REG. NO	).				1

1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY	rGIENES 5	10	6	la	0
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
(TYP)	MADELE IN	E PHE	IPS TH	HOMAS	N	6 -	14 -	86	LL:30PM
3. SE		4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)		RIYEAR	IF UNDER 24 HRS.
	Female	White	M	ar. 31, 1900	86	YRS	MONTHS	DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY			ATH	
	France	■SA		RRIED NEVER MARRIED DIVORCED	Baltin	nore	Cou	ntv	MD
10. €	ITY OR TOWN OF DEATH		TAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b.	KINDO	F BUSINESS OR
1	TOWSON	GBMC-6701	N. CHARL	ES STREET	Teache		G LIFE) I IND	Edu Edu	acation
13a	AL RESIDENCE HE NURSING HOME OF STATE TIME COU	NTY 13c. C	SIDENCE BEFORE ADMISS SITY OR TOWN Balto.	13d INSIDE CITY LIMITS? YES X NO 1	13e.STREET ADDRESS 4421 Mar	/ ZIP CC	DE Hall	Rd	21218
14. F/	ATHER'S NAME Blaise	WIDDIE	last avaud	15. MOTHER'S MAIDEN N  FIRST  Jeanne	IAME MIDDLE		Cha	LAS	agne
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. S	OCIAL SECURITY N	O. 17 INFORMANT	ADDR	ESS			<u> </u>
1	YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	9 10 577	7 Percival	Wilson,	T	owso	n.	MD
	18 CAUSE OF DEATH (Enter o	nly one couse per line fo		7					MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	TE CAUSE (D)		RESP. ARREST					
		DUE TO, OR AS A	CONSEQUENCE	OF .					
	Conditions, if any, which  Conditions, if any, which  (b)  CARDIAC FAILURE								
	gove rise to immediate couse (a), stating the	)	CONSEQUENCE						
	underlying couse lost.	( (c)							
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRI</u>	BUTING TO DEATH	BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	IDITION	GIVEN IN I	PART 1	) ·
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?		YES, WERE		OF DEATH?
4 🖁	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJU	JRY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJA	JRY IN ITEM		PART 2)	140
	OR CONTRIBUTING CAUSE OF DE	A111	MONTH DAY Y	AR					
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF IN	JURY	211 LOCATION			· <del>-</del>		
ME	WHILE NOT WHILE AT WORK		CTORY, OFFICE, FARM, ETG		CITY OR TO	OWN	ÇO	UNTY	STATE
	22a I certify that (I) (his hosp		eosed from	6/10 19.86			, 19.82	5	that (1) we last
	sow the deceased alive a above, (I) (we) (did) (did n	ot) view the body ofter	19 86	_, and that in (my) Gur) opinio	in death accurred on the d	lote and l	nour and fi	rom the	couses stated
	22b. SIGNATURE			DEGREE			22	c. DATE	SIGNED
	App	le		MO ATTENDING PHYSICIAN		CIAN		6/	5/86
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS					
	M. SIPPLE,M	.D.	14.	GBMC-6701	N. CHARLES	ST.			
	BURIAL, CREMATION, REMOVA			OF CEMETERY OR CREMATORY	23d LOCATION		COUN	TY.	STATE
	Cremation	6/17	/86 Gre	en Mount	Balto				MD
24 F	UNERAL DIRECTOR Henry	W. Jenki	nson& Sol	ns Co. 250. D.	ATE REC'D. BY REGISTRAN	25b. REG	ISTRAR'S	SIGNAT	URE
49	05 York Road	Balto.,	MD 2	1212	JN 1 8 1986 .	,Ap	100		177

DHMH - 16 60M 7/84 (VRA 15, 4)

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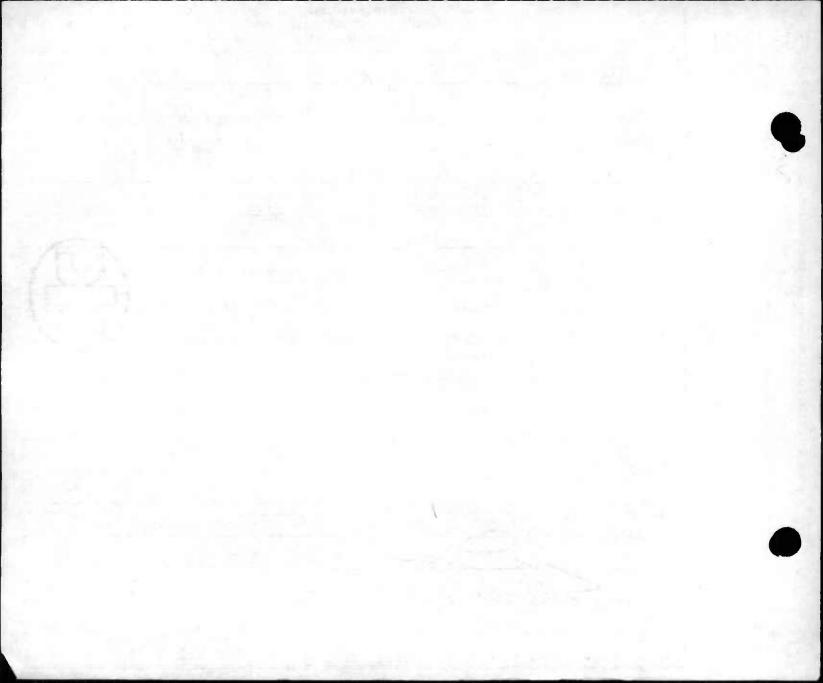
Union Milan TRATAS Treatments

. Company State Company State

J	U -	noy be	O Canada
N ST., BALTIMORE, MARYLAND 21201	3	DING PHYSICIAN. The law requires that the death centhashs be executed within 24 boun after death. Tage 4 may be a otherding physician.	After the conditions has been been discuss for the entire charter was presented filled in the frame of discussed above.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		IDING PHYSICIAN. The law requires that the death ac otherding physician.	After the cartificate has been sinned by the offeren

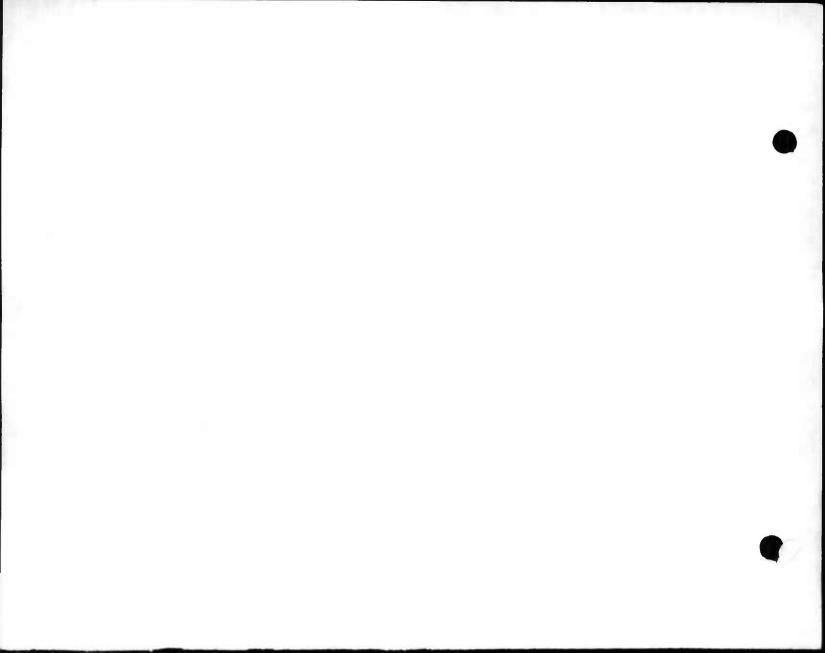
DHMH -

II CAUSE OF DEATH : Enter PART I DEATH WAS CAU	AR MOT IN SUCH FACILITY  RINSTITUTION ONER  134. (Ba  ARMED FORCES)  16b s  17c  18c  18c  18c  18c  18c  18c  18c	Thom    S. DAM   MO     T COUNTRY?   8   MARK   MIDO:   T COUNTRY?   MIDO:   T COUNTRY	RIED NEVER M.  WED DIV.  E OR OTHER INSTIT  HIS P/L  13d. INSIDE CIT  YES & SA  D. 17 INFORMAN  MARSHAL  E ROTIO	TY LIMITS? 13eS  MARIED 172  MARRIED 172  MARRIED 172  MARRIED 172  MARRIED 174  MARRIED 174  MARRIED 174  MARRIED 175  MA	REG. NO.  DATE OF DEATH MC  GE (IN YEARS LAST BIRTHO  BALTIMORE CITY OR G  BALTIMORE CITY OR G  BUSUAL OCCUPATION E OF WORK FOR MOST OF W  MIDDLE  ADDRESS	COUNTY OF DEATH  RECOWN  VORKING LIFE) INDUSTR  LIP CODE  Th Ave. 21	of BUSINEY  207  AST  2207  AST  ONSET AND
ECEASED NAME  TO PRINCIPLE  TO	The CITIZEN OF WHAT  U.S.A.  II. NOW OF HOSP OF NOT IN SUCH FACILITY  III. ARMED FORCES?  III. ARMED FORCE	Thom    S. DAY   Property   S. DAY   Property	RIED A NEVER M. WED DIVIDED TO THE REST OF	TY LIMITS?  MARRIED 9 B.  ORCED 120  ORCED 170  TY LIMITS? 13e.  MAIDEN NAME  PARAM  NT  1 Thompk.	GE LINYEARS LAST BIRTHO  BALTIMORE CITY OR G  USUAL OCCUPATION E OF WORK FOR MOST OF W  STREET ADDRESS / Z  530 BOSWOT  MIDDLE  ADDRESS  ins 5530 B	PAY BE COUNTY OF DEATH  PAY 124 KIND  PORKING LIFE INDUSTR  PORKING LIFE INDUSTR  PORKING LIFE INDUSTR  PORKING LIFE INDUSTR  PAYRICAL PROPERTY OF THE PORKING LIFE INDUSTR  PORKING LIFE INDUSTR  PAYRICAL PROPERTY OF THE PORKING LIFE INDUSTR  PAYRICAL PROPERTY OF THE PORKING LIFE INDUSTRIBLE IN	6 9  AR IFUNDER  S HOURS  OF BUSINE  207  AAST  AAST  ONSE AND
EMMA  EX  EMALE  BETHELACE CLASS OF DEATH  COUNTY  IT ON TOWN OF DEATH  OWS OA  JAL RESIDENCE IS NAME  STATE  ATHERS NAME  SEPH  WAS DECEASED EVER IN U.S.  ON THE HOOSE WANDWINE IN THE PART I DEATH WAS CAU  MAKED  Conditions, If ony, which  gove rise to immediate chuse IO. stofing the  underlying coune lost	The CITIZEN OF WHAT  U.S.A.  II. NOW OF HOSP OF NOT IN SUCH FACILITY  III. ARMED FORCES?  III. ARMED FORCE	Thom    S. DAY   Property   S. DAY   Property	RIED A NEVER M. WED DIVIDED TO THE REST OF	TY LIMITS?  MARRIED 9 B.  ORCED 120  ORCED 170  TY LIMITS? 13e.  MAIDEN NAME  PARAM  NT  1 Thompk.	GE (IN YEARS LAST BIRTHO  8  ALTIMORE CITY OR G  BAILTIMORE CITY OR G  USUAL OCCUPATION E OF WORK FOR MOST OF W  STREET ADDRESS / Z  MIDDLE  ADDRESS  INS 5530 B	PAY BE COUNTY OF DEATH  PAY 124 KIND  PORKING LIFE INDUSTR  PORKING LIFE INDUSTR  PORKING LIFE INDUSTR  PORKING LIFE INDUSTR  PAYRICAL PROPERTY OF THE PORKING LIFE INDUSTR  PORKING LIFE INDUSTR  PAYRICAL PROPERTY OF THE PORKING LIFE INDUSTR  PAYRICAL PROPERTY OF THE PORKING LIFE INDUSTRIBLE IN	6 9  AR IFUNDER  S HOURS  OF BUSINE  207  AAST  AAST  ONSE AND
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EMALE  ENTHPLACE SUAL OKHORON  COUNTY INTERNAL  IT OR TOWN OF DEATH  DAI RESIDENCE IS NUMBER OF TOM STATE  STATE  ATHER'S NAME  OSEPH  WAS DECEASED EVER IN U.S.  (PTE HOOSE SWANDWAY)  IN CAUSE OF DEATH I Enter  PART I, DE ATH WAS CAU  MAKED  Conditions, If ony, which  gove rise to immediate course 10, storing the underlying course lost	BLACK  76 CITIZEN OF WHAT  U.S.A.  11 NAME OF HOSP  (FINITIN SUCH FACILITY  (F	T COUNTRY? 8 MARRIWIDO  PITAL, NURSING HOM LITY, GIVE STREET ADDRESS)  PESIDENCE BEFORE ADMISSIO CITY OR TOWN altimore  Daughtrey SOCIAL SECURITY NO D67-12-1576  OFFICE, OSC  ACONSEQUENCE OF	RIED A NEVER M. WED DIVIDED TO THE REST OF	TYEAR  1903  ARRIED   9 B.  FORCED   12 CTYP  TYLIMITS? 13eS  NO   55  MAIDEN NAME  FIRST  ATAM  NT  1 Thompk.	BALTIMORE CITY OR COMMENT OF WORK FOR MOST OF WORK FOR	COUNTY OF DEATH  RECOWN  NORKING LIFE INDUSTR  CIP CODE  Th Ave. 21	of BUSINEY  207  AST  2207  AST  ONSET AND
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ITY OR TOWN OF DEATH  OWS ON  JAL RESIDENCE IS NUMBER OF STATE  ITY OR TOWN OF DEATH  ITY	ARMED FORCES 66 S	WIDO  PITAL, NURSING HOM  LITY, GIVE SIREET ADDRESS)  PESIDENCE BEFORE ADMISSION  CITY OR TOWN  Altimore  Daughtrey  SOCIAL SECURITY NO  D67-12-1576  T67-10, (b), and Ic  T67-05C  ACONSEQUENCE OF	WED DIVIDED TO THE REST OF THE PROTECTION OF THE	TY LIMITS? 1305  MAIDEN NAME  BIRST  AT Thompk.	STREET ADDRESS / Z 530 Boswor  MIDDLE  ADDRESS  ins 5530 B	N   12b KIND   12b KIN	207
TALE RESIDENCE IS NAMED FOR THE STATE IN A SO	AR MOT IN SUCH FACILITY  RINSTITUTION ONER  134. (Ba  ARMED FORCES)  16b s  17c  18c  18c  18c  18c  18c  18c  18c	DITAL, NURSING HOM  NITY, GIVE STREET ADDRESS!  A 12 5  TESIDENCE BEFORE ADMISSIO  CITY OR TOWN  ALL LIMOTE  DAUGHT PY  SOCIAL SECURITY NO  067-12-1576  OF 101, (b), and IC  TERIOSC  ACONSEQUENCE OF	HISP/L  13d INSIDE CIT  YES &  15. MOTHER'S  Marshal  EROTIO	TY LIMITS? 13eS  MAIDEN NAME  PARA  TABLE  TO THOMPK.	STREET ADDRESS / Z 530 Boswor  MIDDLE  ADDRESS  ins 5530 B	OSWORTH AVE	207  AST  PC. 21  DOMANTE INTERN NONSET AND
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ATHER'S NAME PART DE ATE NO.5.  ITEL HOOF UNANDWHILE  IN CAUSE OF DEATH : Enter PART I. DE ATE WAS CAU  MAKED  Conditions, If ony, which gove rise to immediate couve 10, storing the underlying couve lost	ARMED FORCES? 166 SOME WAR CAGAITS 160 SOME TO OR AS A DUE TO, OR A	Daughtrey SOCIAL SECURITY NO D67-12-1576 FORTION, (b), and ic TERIOSC ACONSEQUENCE OF	15. MOTHER'S.  Sa  17. INFORMAN  Marshal  EROTi	maiden Name prah  1 Thompk.	ADDRESS	Sosworth Av	re. 21
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Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause lost	DUE TO, OR AS	TERIOSC ACONSEQUENCE OF Enile	DEME	- 4	OVASCULA	ar disea	
1% DATE OF OPERATION		IBUTING TO DEATH B			Do AUTOPSY? 2	Ob. IF YES, WERE FIND	DINGS USE
12 2 Feet					YES NO YES NO NO		
OR CONTRIBUTING [ ] CALLE OF	STATH HOUR A.M.	MONTH DAY YEA	AR	URY OCCURRED	ENTER NATURE OF INJURY I	NITEM 18 PART   OR PART 2	
214 INJURY OCCURRED			211 LOCATION	N			
AT WINDER CO HOT WHATE CO					CITY OR TOWN		5
	market for the second		1/2	, 19 85	to 6/8/	19 86	., that (1) (s
nbove, (I) (we) (did) (did			, and that in (my) (	aur) apinian death	accurred on the date	and hour and from th	ne causes sta
DEGREE ATTENDING MEDICAL STAFF / 220 DAJE SIGNED							
774 PHYSICIAN'S NAME	THORPRINT)	0	22e ADDRESS	THISICIAN   DI	CCTOK FITTSICIA	10/0	1/0-
	10/11/4	Ta. 1.	no h 12	107/1	1/1/11-	DITA.	
BURIAL SEMATION PEMOV	-EDNAHIM	Fpachi 1236 NAME O	MD. 23	so DulA.	nEY VALLEY	Rd. Tous	on, K
BURIAL MEMATION, REMOVE Burial	EBAANIM AL 23b. DATE 6-26-86	1 1 1 1 1 1 1 1 1	MD, 23. FCEMETERY OR CF	REMATORY 2	NEY VALLEY  OLIVORTOWN  Baltimore	Rd. Tous	on, M
	OR CONTRIBUTING CAUSE OF IVERTHER HOTHER MEDICAL EXAM.  716. INJURY OCCURRED  WHITE CONTRIBUTION  A WORL COMPANIED  170. I certify that II) I'this he show, (I) (we i idid) Idid  776. SIGNATURE	OF CONTRIBUTING CALLE OF CHATH IN STREET, HOTHER MIDICAL EXAMINERS  716 INJURY OCCURRED  WHILE HOT WHILE CALLED AT HOME STREET, F. AT HOME AT HOME STREET, F. AT HOME AT HOME STREET, F.	DECONTRAINING CALLE OF DEATH IN CIPIES NOTIFE MEDICAL EXAMINER:  THE INJURY OCCURRED  WHAT IN COMMAND IN MODE  The Certify that (i) (this hospital) differeded the deceased from tow the deceased alive on above, (i) (we) idid) (did not view the cost) after death  The SIGNATURE	The Indian India	216. TIME OF INJURY  CONTRIBUTED CHEEF OF BEATH  FOR AM. MONTH DAY YEAR  19  216. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  217. I certify that (i) (this baspinal) directed the deceased from the deceased dive on bow, (i) (we) idid (did not view the street)  DEGREE  ATTENDING ME  ATTENDING ME  PHYSICIAN DIR	The restrict that the decreased dive on the decreased from the decreased dive on the dec	The certify that to this hospital are don't like the deceased from the deceased from the deceased after an one that the deceased after a country and that the deceased after a country and the deceased afte



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CERTIFICATE #86-16266



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INISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120		÷.	
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		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours	retained by the haspital or attending physiciar

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	,	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 6 2 6									
		REGISTRAR		CERTIFICATE OF DEATH REG. NO.							
		CEASED NAME OR PRINT)	FIRST		M .		AST ALCE ALD	20. DATE OF DEATH	MONTH DAY	1	3 /3
	3 SEX		HELEN 14 RA		1/1 •	5. DATE C	WNSEND.	6 AGE (IN YEARS LAST BE	RTHDAY) IF U	NDER I YEAR IN	F UNDER 24 HI
	0 027	1	ALE		HITE	MONTH 7		82	TYRS.		HOURS M
1		OUNTRY)	FOREIGN 7b C		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	, 0.	DEATH	
2		IARYLAND  IY OR TOWN OF DE	ATH 11.	U.S		G HOME C	DIVORCED DIVORCED	12a USUAL OCCUPAT	ION II	126. KIND OF E	BUSINESS
0		Parki			HEACILITY, GIVE STREET		ing Hame			HOI	
5	MA MA	L RESIDENCE (# NUI TATE LRYLAND	BALTIN		GIVE RESIDENCE BEFORE 134. CITY OR TOWN 21204	admission) N	13d. INSIDE CITY LIMITS? YES NO 🛣	8207 LOC	/ ZIP CODE H RAVE	N BLV	D.21
1	14 FA	THER'S NAME	MIDDL	_	LAST DOLLT AD		15 MOTHER'S MAIDEN NA	WIDDLE		LAST	
4	lán V	Charles  (AS DECEASED EVE	H ARMED	-	POHLAR	PITY NO	EVA 17. INFORMANT	MAE		COLE	7 0 2/1
	100 ()	NO UNKNOWN)	(IF YES, GIVE WAR		213-42-	-11		COOK8741	LACKAW	ANNA .	1234 AVE.
		18 CAUSE OF DEA	TH (Enter only on	e couse per	line far ye), (b), and		T. 0	11.		APPROXIMA BETWEEN ONS	
oric even		PART I. DEATH	WAS CAUSED BY: IMMEDIATE CA		Can	ges	hue his	ut Har	her O		
					R AS A CONSEQUE	NCE OF		0			
		Conditions, if an		(b)							
		gave rise to in cause (a), stat		DUE TO OF	r as a conseque	NCE OF					
		underlying caus		(c)							
	_	PART 2. OTHER SIG	NIFICANT CON	DIȚIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION GIVEN	N PART IIO	
	ē	CV	Moa	es;	rhu	in	awed	arthr	les		
	190 DATE OF OPERATIO		ATION	196. CØNDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDING	
1	RTIF							YES NO	YES [		NO 🗌
0		OR CONTRIBUTING		11b. TIME O HOUR A./		YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART T	OR PART 2)	
7	CAL	(IF EITHER, NOTIFY MEI		P./	Μ.	19					
	MEDICAL	21d. INJURY OCCU		21e. PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	1	AT WORK AT W	ORK ORK								
	1	22a   certify that (		- 4	/	5-	23- , 19 8	, .0	0-15,19		at (I) (we)
		saw the decea	sed alive an	w the body	ofter death.	or or	nd that in (my) (our) opinion	death occurred an the c	ate and hour an	d from the co	uses stated
		27b. SIGNATURE	XIC	ul:	sh lar	1,14	ATTENDING PHYSICIAN D	MEDICAL STA	IFF CIAN []	224. DATE SK	GNED / /U/
7		224 PHYSICIAN'S	AME TYPE OF PRIN	IT) 4 2		,	22e. ADDRESS	2		1 0	Ba
$\mathcal{I}$		S.	JAIL	W	ILSON	/	5601 Loc	h Kav	M 15	Lode.	212
1	23a. B	URIAL, CREMATION	, REMOVAL 23	b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(	BURIAL					VRIDGE MEM	PARK BAT.T	TMODE 4	CO I	MD STAT
			90	114	O OO W	LAUUV	VELLITE WELV	THAU DALIT	LHURC	UL and	(11)

CTATE OF MARYIAND

DHMH - 16 50M 4/83 (VRA 15, 4)

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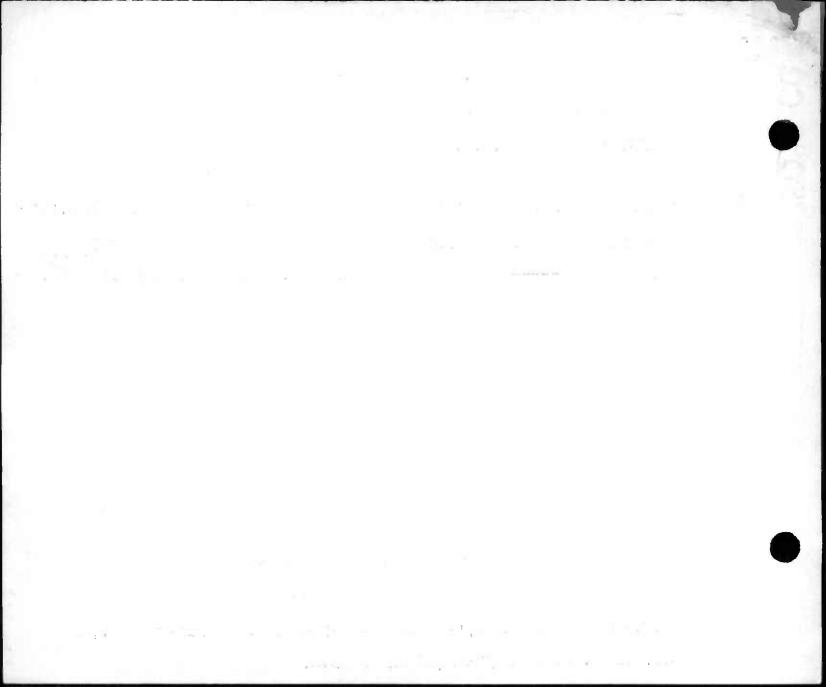
24 FUNERAL DIRECTOR LOCH JOHNSON8521 E. RAVEN BLVD

FM PARK BALTIMORE CO. MD

250 DATE REC'D BX REGISTRAR 25th REGISTRAR'S SIGNATURE

JUN 1 6. 1986

JUN 2 1986



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		ate be executed within 24 hours after death. Page 4 may be		ysician and campletely filled in by the funeral directar, page 3
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BALTIMORE, MARYLAND 21201	٠	hours		d in by
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	
CEI	RTIFICATE	OF DEATH	0

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>	O	3	9	20.00	
	REG. NO.				

FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYO	GIENE & REG. N	0	6 4	0 0
1. DECEASED NAME FIRST (TYPE OR PRINT) PET	ER P.		TRIDONE, SR	2a. DATE OF DEATH		8 86	26 HOUR 7;35A
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	IE UNDER I YEAR	IF UNDER 24 HR
MALE	WHITE	MARC		74	YRS.	ONTHS DAYS	HOURS MIN
7a. BIRTHPLACE (STATE OR FOREIGN MARYLAND	76. CITIZEN OF WHAT COUNT	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMO	OR COUNTY		٨
10. CITY OR TOWN OF DEATH  TOWSON	GBMC-6701 N	AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCHEACILITY, GIVE STREET ADDRESS)  GBMC - 6701 N. CHARLES ST.				126. KIND O INDUSTRY CLOT	HING
	TIMORE 131. CITY OR 21.2		13d. INSIDE CITY LIMITS?	13° STREET ADDRESS	KÖWICI	K RD.	21204
JHON	TRIDO	ONE	MARIANG	ELA		Dicos	TELLO
	INF WAR OR DATES!	0-9921	MARIE T. F.	AZENBAKER		ON, ME	2120
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE		MA WITH LIVE	R METASTASI	S		
PART 2. OTHER SIGNIFICANT  198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING			200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY	, WERE FINDIN	GS USED
		DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	IRY IN ITEM IB PA	ART I OR PART 2)	
OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OEI	FICE, FARM, ETC )	21f. LOCATION STREET	CITY OR TO	10	COUNTY	STATE
saw the deceased alive a	pital) attended the deceased from 6/8	Xh	nd that in (my) (our) opinion	, to	late and hour		that (I) (we) la causes stated
224. PHYSICIAN'S NAME (TYPE	Keuda	μ	DEGREE  ATTENDING PHYSICIAN    1220 ADDRESS	MEDICAL STA		270 DATE	SIGNED

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely. should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
WILLTAM E

RICHARD KAROL, M.D. 230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY JUNE 10, 86 HOLY REDEEMER

GBMC-6701 N. CHARLES ST.

RY OR CREMATORY 134 LOCATION CITY OF TOWN

EMER CEMETERY BALTIMORE, MARYLAND

1250. DATE REC'D. BY REGISTRAR 1250. REGISTRAR'S SIGNATURE

JOHNSON8521 LOCH RAVEN BLVD.

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20M 4/82

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MPORTANT: If Hem 21 is morked or Item 18 showpany injury, or other troumotic event,

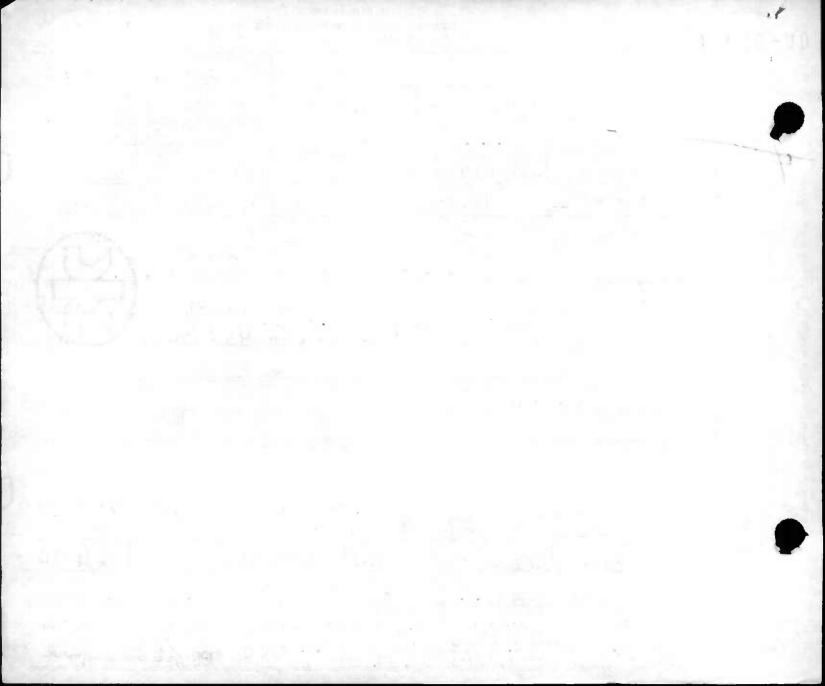
DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	- STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF DEATH	REG. N	0.	0 2.	7. 1
	CEASED NAME	FIRST	A	AIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE	E OR PRINT)	MARS	/ A	NNA	L	ICHUCK	June	2 6,	1986	9:00A M
3. SE	X	4	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	(THDAY)	MONTHS DAYS	
1	Female		White		May	22, 7898 YEAR	88	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OF	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH	
	MaryLAND	1	u.s	.A.	WIDOW	D NEVER MARRIED DIVORCED	Baltin	nore (	County	MD.
	ITY OR TOWN OF DEA	ATH 1		OSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND	OF BUSINESS OR
- 105	Catonsvill	40.0	rederi	ck Villa	Nursi	ing Home	Housewife	)F WORKING L	Own	
130 5	AL RESIDENCE (IF NURS STATE MARYLAND	N3b. OUNT	THER INSTITUTION Y	GIVE RESIDENCE BEFORE 136 CITY OF TOWN Baltimore		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 700 Hunt	ing P	lace	21229
	ATHER'S NAME WILLIAM	WI	DDLE	Socha		15. MOTHER'S MAIDEN NAM				agon
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	OCO PODE	ESS		
The state of the s	YES NO OR UNKNOWN)	(IF YES, GIVE \	VAR OR DATES)	212-01-2	295	Elsie Das	h Catons	ille.	son Ave , MD. 2	nue 1228
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per BY.	line for (a), (b), and	lich	Carchiac	0.		BETWEEN	XIMATE INTERVAL
		IMMEDIATE	CAUSE (a)		1	Carcaac	Urres		8	ninulas
			DUE TO, OF	AS A CONSEQUE	NCE OF	- Oax +	- 16-41			10-
	Conditions, if ony,		(b)_		ere	Ub JUlio U	c negu v	15003	l	Treas
		g the	DUE TO, OF	R AS A CONSEQUE	NCE OF			100		J
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E				EATH BUT	NOT RELATED TO THE TERMI	inal disease or con	DITION GI	VEN IN PART 1	10
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED S OF DEATH?
ERT	210. ACCIDENT WAS UNE	DEBIVING	21b. TIME OI	FILLIBY		11. HOW billing occurs	YES NO		ES	NO 🗆
	OR CONTRIBUTING		1 110110 4 1	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
ICA	(IF EITHER NOTIFY MEDI		P.A		19					
MEDICAL	21d INJURY OCCUR		21e PLACE C	OF INJURY BET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	WHILE NOI WH	RK L				n. 81	- 0		0/	
	22a.1 certify that (1)		offended the	deceased from_	0%	14ax 1900	, to	nob.	19 00	, that (I) (we) lost
	sow the decease above, (I) (we) (d	ed alive on hd) (did not)	view the body	ofter deoth.	00.01	nd that in (my) (oper) opinion d	leath occurred on the d	ate and ha	ur and from the	e couses stated
	226 SIGNATURE	On	0			DEGREE	/	9 - 11	22c DATE	ESIGNED
	James	5 /1/	liten			MU ATTENDING PHYSICIAN	MEDICAL STA		6	16/86
	22d. PHYSICIAN'S NA	AME THE ORP	RINT)			22e ADDRESS				
	Ja	mes No	elan 1	M.D.		1 Mallow	Hill Road,	Balti	imore. 1	Maryland
23c. E	BURIAL, CREMATION,	REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial		6/9.1	86 SX	. Sta	anislaus Cemet	tery Dund	alk	COUNTY	laryland
	eray M. &	RUSSOF			onal	Homes P A 250. DATE	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNA	TURE
1	630 Edmond	son Au	enue Co	atonsvill	e. MI	21228 JU	N 9 1988	Julia	Davidon	Mandalle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. 20. DATE KNOWN . DECEASED NAME (TYPE OR PRINT) VanGilder OF 22, Hazel Vertie DEATH MATED RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. . SEX 20 DATE LAST BIRTHDAY) MONTH PRONOUNCED Female White July 13, 1906 79 YRS DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR NEVER MARRIED West Virginia U.S.A. WIDOWED X Baltimore County DIVORCED O CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
13211 Maple Grove Av. OR INDUSTRY Reisterstown Housewife HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2260 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Virginia 13c. CITY OR TOWN COUNTY Frederick Winchester YES XX NO 1011 Penna. Avenue FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Dickson Alvin Smith Mary Etta Loudin 16b. SOCIAL SECURITY NO. 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Box 499 (YES, NO. OF UNKNOWN) Lester VanGilder Winchester, 209-10-7574 Virginia APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) EXECUTE THE CETTIFICATE, WITHOUT THE WORD "PENDING" IN PENCIL IN THEM HEXECUTE THE CETTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN THEM TO FUNE A SHOULD BE FORWARDED TO THE CHIEF ARED AS A BURIAL-TRANSIT PERMITTER PENTIL MITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBLE BASTIMOPE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OF REMOVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 218 EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PŁACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OF TOWN COUNTY 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Accident Homicide Notural causes TITLE (SPECIFY) ACTUAL EXAMINER'S NAME THE PLAME OF CEMETERY OR CREMATORY 108 Sine Grove U.M. Ch. Cem. Czar. Randolph. Owings Mills, Md. (VR A15 ME (5) 20M 4/82

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18456	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	10214
me 13	LIVPE	CEASED NAME AKA FIRE (Si	ster M. Marta	Vassallo)	20. DATE OF DEATH MO	INTH DAY YEAR 26 HOUR
900		Maria	L.	Vassallo	June 1,	
4. p	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
urso		Female	White	July 3, 1891	94	YRS
Charles		RTHPLACE (STATE OR FOREIGN COUNTRY)	USA(Territo	MARRIED NEVER MARRIED SE	Baltimore	
Carle Control	10 C	OWS On	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	ITYPE OF WORK FOR MOST OF WE	126 KIND OF BUSINESS OR
35	USU	AL RESIDENCE HENURSING HOME O		VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	
e e	14. F.A	THER'S NAME	110W30II	15. MOTHER'S MAIDEN NA	AME	soppa Road, 21204
- xolu		Mariano N	MN Vassall	lo Madrona	NMN	Julia
medical		VAS DECEASED EVER IN U.S. AI VES NO OR UNKNOWN) (IF YES GI	RMED FORCES? 166 SOCIAL SECTION OF SECTION O	URITY NO. 17 INFORMANT 1001	W. Joppa Ro	oad, Towson, Md. Helpers 21204
any injury, ar ather traumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.			200 AUTOPSY? 20	ION GIVEN IN PART 110  Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
shows	TIF				YES NOX	YES NO
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCUP 19	RRED (ENTER NATURE OF INJURY IN	NITEM IB PART I OR PART ?)
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
21 is mo		sow the deceased alive or	ital) attended the deceased from 19	, and that in (my) (our) opinion	death occurred on the date	and hour and from the couses stated
ote Dept		224 SIGNATURE	eix LDV		MEDICAL STAFF DIRECTOR   PHYSICIAN	224 DATE SIGNED
with the State		22d PHYSICIAN'S NAME (TYPE		22e ADDRESS		
W PO		Alberto	Diaz, M.D.			son, Maryland 212
	-	Burial, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY  Convent Cemetery		altimore County, M
OM 7/84		artin D. Laws	on, 10 W. Pador	nia Rd. Timonium	TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE

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						STATE	OF MARYLAND				
1-11	8558	1-	FOR STATE	THOMAS	R. VEITH	PEPARTMENT OF HEA	LTH AND MENTAL	OF DEATLD	6 2 / 3		
0 1	8558	1. DE	REGISTRAR CEASED NAME	FIRST	MILL	MIDDLE EXAMINER	LAST	20. DATE KNOWN A	MONTH DAY YEAR 25 HOUR		
		(TYF	PE OR PRINT)	Hou	AS 6	1181	TH	OF ESTI-	19 M		
	PLEASE ECTOR. FILES HOURS STREET,	3. SE		RACE	5. DATE OF BIRTH			ER 24 HKS. Zt. DATE	ONTH DAY YEAR 24 HOUR		
	DIRE OUR ON S		ale	White	Jah. 6	1909 7 /YRS.	MONTHS DAYS HOURS	PRONOUNCED DEAD	124 1086 AM		
-	FCESSARY, INERAL DIR FOR YOUR WITHIN 72 PRESTON	7a. B	Penna.	TE OR	76. CITIZEN OF WH	AT COUNTRY?	ARRIED ENEVER MAI	RRIED   BALTIMORE CITY OR C			
	S FUNN S FUNN S F F F F F F F F F F F F F F F F F F F		renna.	F DEATH	USA		DOWED DIVO		1110		
16	PAGE BE EILED	F	lossvill	e 21237	rankli	PITAL, NURSING HOME, OR LILITY GIVE STREET ADDRESS) IN Sq. HOSPITA	1	120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	VORK 126 KIND OF BUSINESS OR INDUSTRY  Construction		
21201	IF ANY DELAY IS LEGISSARY, PLEASE, AND 3 TO THE FUNERAL DIRECTOR. SHOULD BE BLED, WITHIN 72 HOURS IN ECORDS (20) W-RRESTON STREET,	13a S	Marylan Marylan	d 13b COU	or other institution, given timere	E RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN Middle River	13d. INSIDE CITY LIMITS?		Lane 21220		
MD.	28.5		ATHER'S NAME		- MIDDIE-	LAST	15 MOTHER'S MAI	DEN NAME	LAST		
	3位を見る		rik3i	Louis	O. Veith	tasi	Ma	FIRST Margaret Richards			
BALTIMORE	D WITHIN 24 HOURS AFTER FENCIL IN ITEM 1B. GIVE PA- WINNER ALONG WITH DOS. E-TRANSIT PRAGES. E-TRANSIT PRAGES. OR REMOVAL.	16a. \ (Y	WAS DECEASED	EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.		ADDRESS			
BALI	S AF GIVE ITH PAG IVISIA				-		Gladys R	. Veith, Wife S	Same		
ST.,	24 HOURS / ITEM 1B. GI LONG WITH PERMIT. PA GIENE, DIVI	1	18 CAUSE OF PART I DEA	DEATH (Enter of TH WAS CAUS	only one couse per line ED BY:	for (a), (b), and (c).)	TAA	VOUNTIL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
NO	TED WITHIN 24 HOUND PENCIL IN TEM II XAMINER ALONG AL-TRANSIT PERMI MENTAL HYGIENE, N, OR REMOVAL.			IMMEDIA	ATE CAUSE (o)	AE ALCONSECREMENTE OF	(	OMBILL			
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201	ピッショミン	4	lying caus	e lost.	(c) V=	ALL - 10	SMPZO Y	FROM WIMP	ow		
RDS,	D BE EXECUTED SENDING" IN FAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMED WITH AND MICHARD M	1	PART 2 OTHER SIG	HIFICANT CONDITION	S CONTRIBUTING TO DEATH B		ISEASE OR CONDITION GIVEN IN	94PT 1 (a)			
RECORDS	PEDDING PEDDING MEDICAL DASA BU EALTH AN CREMAT	O.		OPU	WITH	SITH CONFESTORE STEAMED? PAILURE					
VITALR	OUL DO "P INFF INFF	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED?		2D AUTOPSY?		
	CATE SHOULD THE WORD "PHE WORD "PHE CHIEF, JUD BE USED WENT TO BE USED TO BE USED WENT TO BE USED WENT TO BE USED WENT TO BE WAS A TO BE USED WAS A TO BE WAS A TO	ERTI	21s. EXTERNAL	CAUSE WAS	21b. TIME OF	IN ILIRY T	I HOW IN HIRY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM ) B PART	YES NO		
NO N	THE WATTON THE WOULD OR TO OR TO	ALC	UNDERLYING	☐ OR G ☐ CAUSE OF	HOUR A.M.	MONTH DAY YEAR	ic row in sour occor	TED TENTER OF WORLD THE TOTAL	( OAT ART 2)		
DIVISION	CERTIFICATE TING THE WOED TO THE SEN SHOULD FOR PARTMEN I PROR TO I	EDIC	21d INJURY O	CCURRED	21e PLACE C		LOCATION				
5	WR WR AGE AGE 120	\$	AT WORK	NOT WHILE AT WORK	STREET, FACTO	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE		
	ATE. 1		22a. I certify	that Llaak chai	rge of the remains desc	ribed abave, held on A	wapsy , Inspect	ion Inquiry . ond in	n my opinion		
-	EXAMINER: CERTIFICATE JLD BE FORM DIRECTOR: 8 WITH THE S: WARYLAND,		death resulted	from Not	ural cetries	Accident , Suicide	Homicide	· Undetermined monner .			
	EXA CER ULD DIR WAR	1	ACTUAL	alm	10/Ma	11	TITLE (SPECIEX)	74	DATE 16/154 19VI		
	SHO		SIGNATURE	0	cony		M.D. 17200	MEDICAL EXAMINER	SIGNED		
	MEDI CUTE 3E 4 4 FUNE FUNE FUNE		EXAMINER'S N	IAME XA	VL 1- 1	JURRIL	ADDRESS	BALTIMORE			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIFECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2	23a.B	IDIAL CREAMAT	ON BEMOVAL	73h DATE	23c. NAME OF CEMETE		123d LOCATION			
07/84	BP	(:	Buri	al	6/6/86		l Memorial (	ardens Baltimor	e Co., Md.		
25M	DHMH - 17	1000	UNERLANDEC	20 8	Sund	Juda			AR'S SIGNATURE		
	(VR A15 ME (5))	HI,	mdzins!	ki Fune	ral Happe P	1407 Old Ea	stern Ave.	1986	المعالمة الم		

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PRESTON ST.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M.	
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0.0.0	20	1 -	FOR STATE REGISTRAR		DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6	10.	6 2	14
- 0303	90		CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
may be page 3 er death			Kurt		Frederick		Voqt		Tune 7.	1986	2:00 A
or. po		3. SE		4 RACE		5. DATE		6. AGE IN YEARS,LAST BE	RTHDAY) IF L		HOURS MIN.
director,			Male	Whi		Augu	st 22, 1917	68	YRS.		
41 4 8 4 G	71	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN C	F WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
he funer within 7		-	Germany		d States	WIDOW		Baltimore		101 1/2 10 05	MD.
ofter dwit	a la	10. C	TY OR TOWN OF DEATH	(IF NOT IN S	SUCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	BUSINESSOR
E DE/ 3	2		WSON AL RESIDENCE (IF NURSING HO	St. Jo	oseph's Ho	spita	11	Marketing	Direct	or Med	lical Equ
24 ho	26	13a. S	TATE 13b. C	OUNTY	13c. CITY OR TOW	/N		13e.STREET ADDRESS			
S		-	cyland Ba	ltimore	Towson		YES NO X	505 West	Joppa F	Road /	21204
completely and 2 s	The second	7	FIRST	MIDDLE	LAST		FIRST	MIDDLE		IAST	7.5
Comp	Š Š	14a V	Karl  VAS DECEASED EVER IN U.S	J.	Vogt		Katherina	ADDR	ESS	GOI	dfuss
n and c	medico		ES. NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES)						D 4	
on ion	E .		105	WII	144-14-6		Lois M. Voq	t 505 West	Joppa		ATE INTERVAL NSET AND DEATH
hysic pape avail	, r		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er <mark>only ane</mark> cause p AUSED BY:	per line for (a), (b), an	id to 1					YRS .
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	e death ce artendin nave carb nation, ar traumatic		Conditions, if any, whice gove rise to immediate	e					-		
of th	e La	17	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.								
Page 2	ā	W	DART 2 OTHER SIGNIES A	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0							
quire sign fhen to bu	ruloux.	Z	PART 2. OTHER SIGNIFICA	ANT CONDITIONS	DIABETES		NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVEN	IN PART III	
0 - 0	à CI	CERTIFICATION	190 DATE OF OPERATION	Ch II II	ON FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, W	ERE FINDING	GS USED	
ne per	Suoms /	FE						YES NOT	IN CERTIFYIN	IG CAUSES C	OF DEATH?
N. Th ysicia reast Hygie	2	CER	210. ACCIDENT WAS UNDERLYIN	410110	OF INJURY		21c. HOW INJURY OCCURR		-	1 OR PART 2)	
	1	_	OR CONTRIBUTING CAUSE O	OF DEATH	A.M. MONTH D P.M.	AY YEAR					
¥ 50 5 0 ±		MEDICAL	21d INJURY OCCURRED	21e. PLAC	E OF INJURY		211 LOCATION	CITY OR T	OWN	COUNTY	STATE
G Preser the	morked	2	WHILE NOT WHILE AT WORK	] [ATHOME.	STREET, FACTORY, OFFICE, I	FARM, ETC.)	SINCE	Ciroxi			3
Africa Se of the	Ē		220.1 certify that (I) (this I	hospital) ottended	the deceased from_		, 19 78		INC 19.	06,11	not (I) (we) last
TTEN Portol TOR for u	51 12		sow the deceased aliv above, (1) (we) (did)	re on	dy ofter death	86.0	nd that in (my) (our) opinion o	death occurred an the o	late and hour ar	nd from the co	ouses stated
R A has	He B		22b. SIGNATURE	Id Hos view the bot	A		DEGREE			22c. DATE S	
0 3 0 20 3	=	100	Edward P	Und	tin	, L	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	6-9	1-86
SPIT.	7		224. PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS				
etained by 1 TO FUNERAL Shauld be de	ž /		E6	COSTLO	W M.D.		1905 York R	oad			
TO HO	=		URIAL, CREMATION, REMO	OVAL 236. DATE	23c	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION			
BP			Specify Cremation	June	9. 1986	Cr	reenmount	Baltime		OUNTY Mar	vland
DHMH - 16 60M 7	7/84		INERAL DIRECTOR	Louice		(1)	25 TAT		255 BEGISTRA		
(VRA 15, 4)	/ De	Wa	lter Brooks B	radlev.	Inc. 2135	Dunda	lk Avenue	1000			

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0-094	01	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	6 4	
		I. DEC	CEASED NAME _ FIRST		MIDDLE	(	AST	I.S. DATE OF DETAIL	DAY YEAR	26 HOUR
2 25		11112	Mary Eliza	heth Wo	ate			June 12, 1986		5:05 a _M
6 6 6		3. SEX		4 RACE	79 65	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	
1 15			Female	Cana		MONTH		0.4	MONTHS DAYS	MOURS MIN.
B 45	1	7= RI	RTHPLACE (STATE OF FOREIGN	Cauc	WHAT COUNTRY?	8	12/01	9 BALTIMORE CITY OR COUNT	CEDEATH	
1	33	(	Md.	USA		WIDOWE		Baltimore Coun	ty	MD.
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5 Sp	80		AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
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A die Die	E	13	224 SIGNATURE 1	ew the bady	atter death.		DEGREF		22c DAT	E&IGNED/
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G Prositions. The law requires that the death certificate be executed within 24 hour after des	er the certificate has been signed by the offending physician and competity filled in by the time. The overland the overla
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND \$1201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

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1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.				
	CEASED NAME	FIRST				AST_	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
		EVELY	N	S.	W	AGNER		6	21	86	1:59A M	
3. SEX	(	4.	RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTH	DER TYEAR	IF UNDER 24 HRS	
	Female		White	9	0]		84	YR			1	
7a. BIF	RTHPLACE (STATE OF Virginia	FOREIGN 76.	U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY BALT IMOR	_				
T	TY OR TOWN OF DE	356	GBMC - 6	FACILITY, GIVE STREET	ADDRESS) HARLE	S STREET	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE . Domestic					
13a. S	Md.	136 COUNTY		131. CITY OR TOW Baltimor	N	YES NO	13e.STREET ADDRESS			t. 3A	21204	
14. FA	Trigg	MIC	Sp	angler		15. MOTHER'S MAIDEN NAM	MIGOLE		Bash			
	VAS DECEASED EVE (ES, NO OR UNKNOWN)	R IN U.S. ARME		233-74-6		YNO. 17 INFORMANT ADDRESS Baltimore. N						
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION  DUE TO, OR AS A CONSEQUENCE OF									4 H	OURS	
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	210. ACCIDENT WAS UNDERLYING								IS PART I C	OR PART 2)		
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	22a I certify that ( saw the decea above ₂ (I) (we)					21 , 19 86 and that in (my) (our) opinion o	, to <u>6/21</u> death occurred on the	date and	hour and	from the		
	22 SIGNATURE	D./6	ty)	4		DEGREE ATTENDING PHYSICIAN		AFF SICIAN [		6/2	SIGNED	
	C. TSER	ETOPOUT		).		GBMC-6701 N	N. CHARLES	STRE	ET			

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR

(VRA 15, 4)

6-24-86

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Burial Woodlawn Cemetery Bluewell, Mercer, West Virginia

ACORESSUPPERCO, Md. 21124-5 ATE REC'D. BY REGISTRAR'S SIGNATURE

JUN 23 1986 guilland Mercer West Virginia

Carrollton Rd. 24 FUNERAL DIRECTOR Marzullo Funeral Service 3981 Carrollton Rd.

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Bryan W. Clary, 10 W. Padonia Rd. 21093

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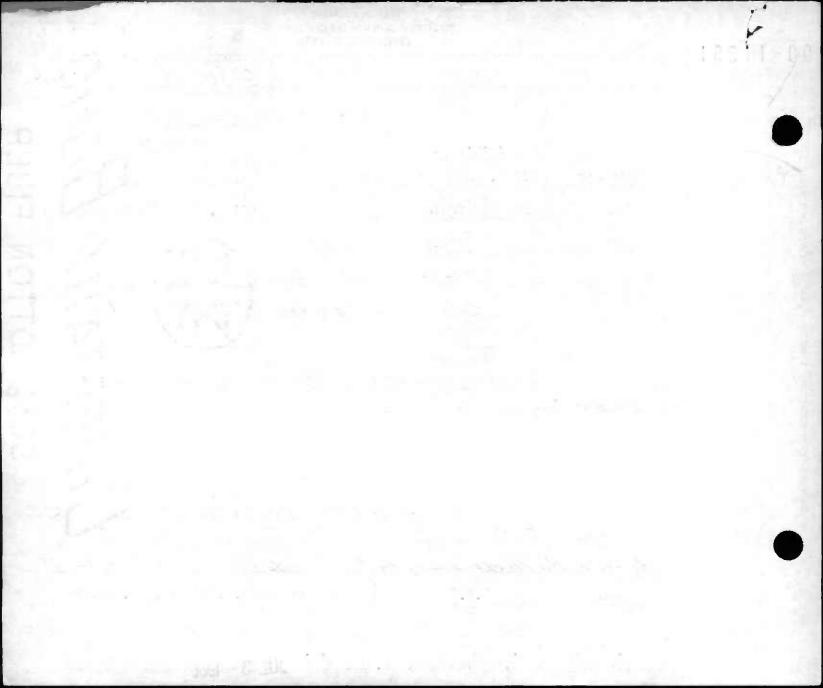
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	RDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	

	STATE OF MARYLAND
1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6
429	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR A.
	EDWARD J. WALUNAS JUNE 12, 1986 M.
3. S	X 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIR INDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	TALS WHITE NOV. 16, 1920 65 YRS. MONTHS DATS HOURS MIN.
1/1/0	RTHPLACE (STATE OR FOREIGN 17) CITIZEN OF WHAT COUNTRY? 18.
3	ARYLAND V-S.A. WIDOWED DIVORCED BALTIMORE COUNTYMD.
010	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR
UP	ARKVILLS 24.58 ELL'S ROAD POST OFFICE U.S. COVIT
US	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130	THE COUNTY OF TOWN 138. INSIDE CIT CHAIRS: ISSUE THE COURT OF COURT
	ARYLAND BALT, MORE HARKVILLS YES NOR 12458 ELLIS KOAD
30	
ALC: YES	MIDDLE WALLOAS SOPHIS MIDDLE KOWALSKY
16a	YES NO OR UNXNOWN) (IF YES GIVE WAR OR DATES)
	ES LUWIT ANILHOSS FAMILY KECORDS
-	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETWEEN OASET AND DEATH  PART I. DEATH WAS CAUSED BY:
2	IMMEDIATE CAUSE (0) ACUTE MYOCANDIAL INFARCTION budden
	DUE TO, OR ASTA CONSEQUENCE OF
	Canditions, if any, which gove rise to immediate  DUE TO, OR AS A CONSEQUENCE OF Cardio Vascular Ditracycus  (b) Artino Sclarotic Cardio Vascular Ditracycus
	cause (a), stating the S DUFTO OR AS A CONSEQUENCE OF
	underlying cause last (c)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
CERTIFICATION	Horriz valve Replacement for SiNUS OF VALSALVA ANEURYSM
S O	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
<b>3</b>	YES NOTO YES NO NO
	216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH CAUSE O
7 MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET CITY OR TOWN COUNTY STATE
5	WHILE NOT WHILE AT WORK
	27a   certify that (1) (this hospital) attended the deceased from
	saw the deceased alive an
	22t. DATE SIGNATURE 22t. DATE SIGNED
7	Milho Tortier WD ATTENDING MEDICAL STAFF JUNE 12 1986
7	22d. PHYSICIAN'S NAME LIVE OR PRINT) 22e ADDRESS
	DR. MicHOLAS J. FORTUIN 9 EAST CHASE STREET
_	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
	LEPECIFY) . COUNTY CONTROL STATE
24	UNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR'S, SIGNATURAL DIRECTOR 250, DATE REC'D. BY REGISTRAR'S, BY REGIST
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hear better tables from the death certificate be executed within 24 hear better tables.	retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a matter with the time and contact of the property	should be detected for use of the burlot-from the mail. Then prease remove corbon papers, rages, and the control of Health and Mental Hygiene prior to burlot, cremation, ar removal.
•	TO HOSPITAL OR ATTEN	retained by the hospital	TO FUNERAL DIRECTOR	with the State Dept. of H

11251	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		6279
11331		CEASED NAME	FIR51		AIDDLE		AST	20 DATE OF DEATH	MONTH 6 DAY	30 YEA 86 26 HOUR
deotl			OHN		ELSON		ATERS	6-30-	86	8100 Am
offer p	3 SE		1	RACE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF (	UNDER LYEAR FUNDER 24 HRS
all some	7- 01	Male RTHPLACE (STATE OR FO	neuca. 17	White	WHAT COUNTR	V2 8	st 2, 1914	9 BALTIMORE CITY C	YRS YRS	DEATH
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1100		ty or town of deat Catonsville		233 N.	Beaumo I	nt Aven	er other institution  We	Tuspector		126. KIND OF BUSINESS OR INDUSTRY  Westinghouse
智圖多	130. 5	AL RESIDENCE IN NURSING TATE Maryland	3b COUNT Balt	imore	GIVE RESIDENCE BEI	OWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	Avenue 21228
Out Office and	14. FA	THER'S NAME FIRST Hoyt	M	DDIE	Water		15 MOTHER'S MAIDEN NAM			Barrett
ond c Poges		VAS DECEASED EVER IN		ED FORCES?	16h SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRI	SS	
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low requires that the deat so been signed by the atten erruit. Then please remove c e prior to buriol, crematian, s any injury, or other traum	CERTIFICATION	Conditions, if any, gave rise to imme cause (o), stating underlying couse  PART 2 OTHER SIGNI 190 DATE OF OPERATI	FICANT CO	DUE TO, OF	emc	DUENCE OF	NOT RELATED TO THE TERM  WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, W	IN PART TIO  VERE FINDINGS USED  IG CAUSES OF DEATH?
AN: The shysicion ficote ho tronsit p I Hygien 18 show		210. ACCIDENT WAS UNDE		21b. TIME OF		DAY YEAR	21c. HOW INJURY OCCURR	YES NO	YES [	I OR PART 2)
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ottenda ottenda iter this ss the b h ond h	MED	21d INJURY OCCURRE		21e PLACE (	OF INJURY EET, FACTORY OFFIC	CE FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE
ATTENDIN spritol or CTOR. At I for use of Healt		22a. I certify that (1) ( saw the deceased abave, (1) (%) feli	olive on_	6-20	19	-	d that in (my) (our) apinion (	to E - 3 0 death accurred an the d	ate and hour or	that (I) (we) lost and Iram the causes stated
AL OR , the ho (AL DIRE detoched one Dept. If then		27b. SIGNATURE	· R.	Moz	Amm	-, m	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		6-30-36
etoined by 1 TO FUNERAL Should be de with the State		220. PHYSICIAN'S NA/			M.D.		5205 East D	rive, Baltin	nore, MI	21227
BP		BURIAL, CREMATION, R BURIAL		7/2/86		Woodla	emetery or crematory wn Cemetery	236. LOCATION CITY OF TOWN WOODLAWN	c	OUNTY Maryland
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME MIDDLE Th HOUR June 14,1986 WATERS 3:45am LIYPE OR PRINTS Rhonda Annette 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5 DATE OF BIRTH 3. SEX June 14,1986 EAR Female. Black BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED U.S. Baltimore County NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE Franklin Square Hospital None Baltimore COUNTY 13d. INSIDE CITY LIMITS? Baltimore 3202 Kenyon Ave. Balto., Md. 21213 Maryland 15 MOTHER'S MAIDEN NAME 3202 Kenyon Ave. Baltimore. MD FATHER'S NAME Annette Yvonne Burwell Rodney Charles 21213 3202 Kenwon Ave. Balto, Md. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Annette Yvonne Burwell None 18 CAUSE OF DEATH (Enter only one cause per line factor), (b), and icuse PART I, DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18. PART LOR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE June 146 June 14. 19 86 22a.1 certify that in (this haspital) attended the deceased fram saw the deceased alive an June 14. above. If (we) (did) (see that) view the body after death and that in (MR (aur) apinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF ATTENDING 6/14/86 FUNERAL Jid he deto 22d PHYSICIAN'S NAME WYPE OF PRIN 22e ADDRESS Mahoney & MAD 9000 Franklin Square Drive' 230 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

Disposal To Hospital June 1986

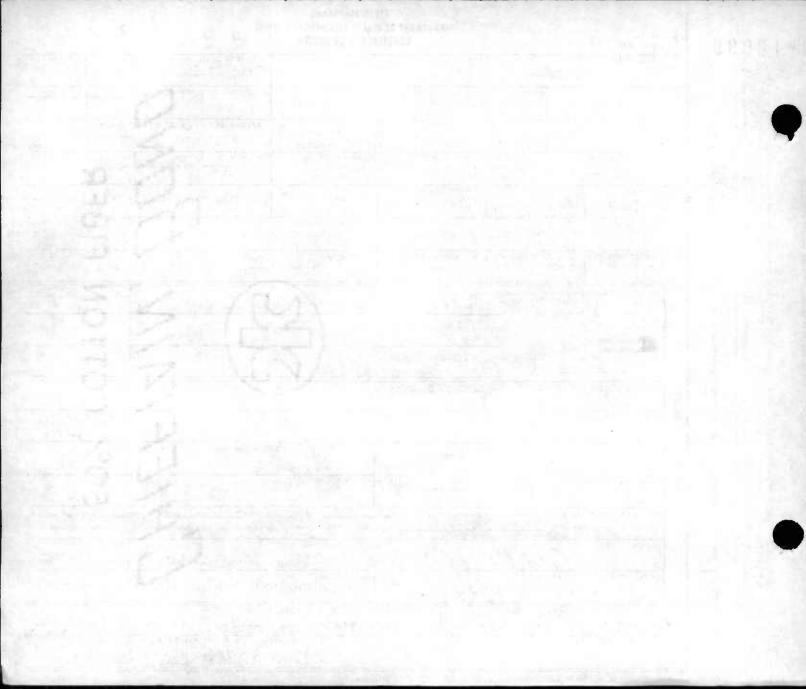
23c. NAME OF CEMETERY OR CREMATORY

Franklin Square Hospital 9000 Franklin Sq. Dr.

24 FUNERAL DIRECTOR

250. DATE REC'D, BY REGISTRARY PETHANNES SIGNATURE 21237

Dendury Pan



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	di H	272
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ATTENDING PHYSICIAN. The law requires that the deoth certificate be executed within 24 h. Tother death. Page 4 may be my the heaptala or otherday physician.	AAL DIRECTOR After the certificate has been upped by the ottending physician and completely illied may be traveral director, page 3 detected for use as the burial from permit. Then place canove corbanapers. Page 1 and 2 stated the filed where 72 hours after death tone Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	TAL OR y the ho	RAL DIRE detaches total Dept

00-1116

6	1-	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	0 0	5. NO.	6 2	8 1		
	T. DECEASED NAME FIRST (TYPE OR PRINT) MARY				MIDDLE LAST  A. WATKINS			2a. DATE OF DEAT		30 186	11:35A		
	3. SEX Female					S. DATE C	brith by 15°, 1918° AR	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.		
5		RTHPLACE ISTATE OR F COUNTRY! Pennsylv	ania	USA			D NEVER MARRIED D		ORE COUN	ΠΥ,	MD.		
6	2	TOWSON		GREATER	HOSPITAL, NURSIN		OR OTHER INSTITUTION  L CENTER	Type of HOME			OF BUSINESS OR		
15	13a. S Ma	at RESIDENCE (IF NURS TATE aryland	13b. COUN		131. CITY OR TOWN TOWSON	admission) N	13d. INSIDE CITY LIMITS?	130.STREET ADDRE	ss / zip co N. Cha	rles St	. 21204		
3	2	Thomas R			LAST			Percotchu	ck	lA.	ST		
/		VAS DĒCEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES?	182-14-3818 Maryland Masonic Homes Cockey						ysville, Md.		
7	CERTIFICATION	Conditions, if any, gave rise to immacouse (a), stating underlying couse	which mediate in the last.	DUE TO, OI    DUE TO, OI   DUE TO, OI   COI   CO	R AS A CONSEQUE DVERWHELMING R AS A CONSEQUE RENAL FAILUR DITRIBUTING TO D DRY AND ACIE	NCE OF SEPSI NCE OF RE, EXT DEATH BUT	S, OVERWHELMING  REMELY POOR NUTR NOT RELATED TO THE TERM						
9	MEDICAL CERT	210. ACCIDENT WAS UNIT OR CONTRIBUTING (1) (1) FEITHER, NOTIFY MEDIN 216. INJURY OCCURI WHILE (1) NOT WH	CAUSE OF DEA	HOUR A.	M. MONTH DA M.	Y YEAR 19	211. HOW INJURY OCCUR!		X	YES	NO STATE		
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1			IKRAMA	DITYA, POO	ONAI, M.D.		22e ADDRESS  GBMC - 6701 N		TREET 21	204			
	1	Burial  JUNEAL DIRECTOR	REMOVAL		3,1986 23c. N	C	emetery or crematory	Baltimo	re. Ba	1timore	Co., Md.		
/84		tchell-Wie	defel	d Home,	Inc. Bal	6500 to.,	York Rd. 250. DAY Md. 21212 <b>JU</b>	L2 pa	Julia.	Davidan I	ondall-		

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 20101	0
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RECTOR: After this certificate has been signed by the orthogon and completely Illiad in twine funeral director, page 3 and for use as the burial-transit permit. Then please remove an account Page 3 and 3 should be that thin 72 hours often death	3 7
nt. of Health and Mental Hygiene prior to burial, cremotian, or Himaval	8

3	1-	FOR STATE REGISTRAR			DEPARTI	STATE OF MARYLAND ARTIMENT OF HEALTH AND MENTAL HYGIENE 8 6 6 2 8 2 CERTIFICATE OF DEATH  REG. NO.							
	1. DECEASED NAME FIRST (TYPE OR PRINT) WALLA				E E	W	AUGH	20. DATE OF DEATH MONTH DO			86	2b HO	OOam
	3. SE)	x		RACE	Ц	5. DATE O	OF BIRTH	6. AGE (IN YEARS I			DER I YEAR	IF UNDER	M
		MALE		WHITE	2	MONTH	28 1916		69 _v	RS.	DATS	HOURS	MIN.
3	(	RTHPLACE (STATE COUNTRY)	DR FOREIGN 7	U.S.A	what country?	8. MARRIE WIDOWI	D NEVER MARRIED	NEVER MARRIED   BALTIMORE CITY			DEATH		MD.
6	10. CI	TOWSON		1. NAME OF I	HOSPITAL, NURSIN HEACILITY, GIVE STREET Charles	St.,	G.B.M.C.	120 USUALOCC (TYPE OF WORK FOR Machini	MOST OF WORK	ING LIFE) I	26. KIND C NDUSTRY Black		ecke
5		AL RESIDENCE (IF NE STATE MD		imer institution. Y imore	13° CITY OR TOW Dundalk		13d. INSIDE CITY LIMITS? YES NOXX	8005 KIN	RESS ZIP C BERLY	Rb./	2122	2	
0		THER'S NAME FIRST	M	IDDLE	Waugh		15. MOTHER'S MAIDEN NA	ME	PDLE		McC		
1		VAS DECEASED EVE		ED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS				
	No									Same_		3e	1
2	CERTIFICATION	PART 2. OTHER SI	GNIFICANT CO	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED	20a. AUTOPSY	20b.	IF YES, WI	RE FINDI	NGS USE	TH?
	ERT	21a. ACCIDENT WAS L	UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR	YES NO		M IB PART I	OR PART 2)	ИО [	
7	MEDICAL C	OR CONTRIBUTING [  (IF EITHER NOTIFY MI  21d. INJURY OCCU	CAUSE OF DEAT	Ρ.	M. MONTH D. M. OF INJURY	AY YEAR 19	21f LOCATION						
	ME	WHILE NOT	WHILE NORK	(AT HOME ST	REET, FACTORY, OFFICE, F	FARM, ETC )	STREET	CIT	YORTOWN		COUNTY		STATE
		22a I certify that		June view the body	de deceased from_ 10_ ofter death	May 86	nd that in (my) (our) opinion	death accurred on		. 19_ d hour one	d from the	that (I) (	, ,
,		226. SIGNATURE	~ R.	Ma	long		ATTENDING PHYSICIAN [	MEDICAL DIRECTOR P	STAFF	đ	22c DATE	SIGNED 8	Ce
		DR.	A. MALO	UF	1								
	Bi	BURIAL, CREMATION (SPECIFY) urial		23b. DATE 6/7/19	986 0		wn Cemetery	23d. LOCATION CITY OF TO Baltir	nore			aryl	state and
84		UNERAL DIRECTOR NAME 922 Wise		uck, In		land	21222 250 PA	N 9 198		GISTRAR	SSIGNA	TURE	No

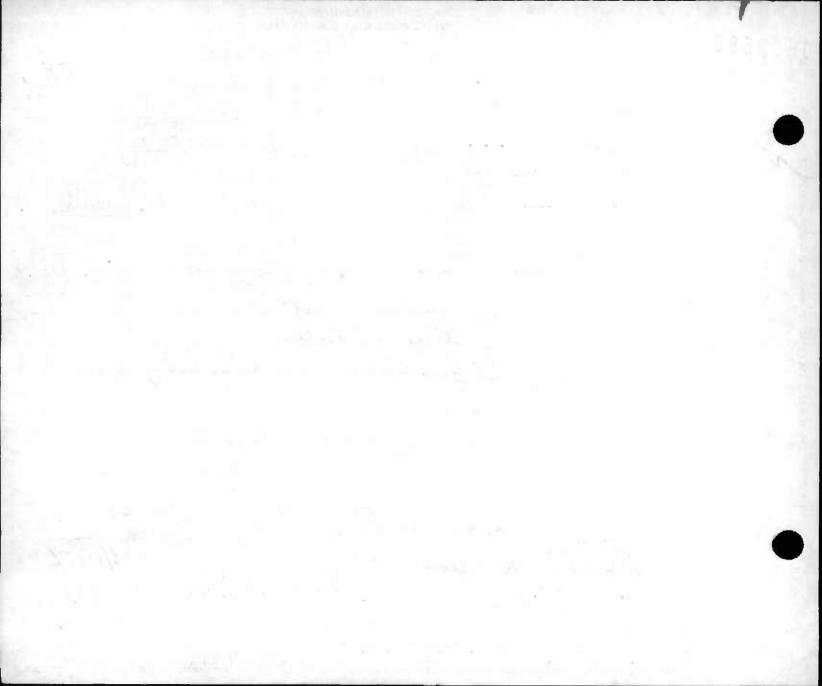
DHMH - 16 60M 7/84

7922 Wise Avenue

Dundalk, Maryland

(VRA 15, 4)

STATE OF MARYLAND



20M 4/82

10466	1,	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6	6285
. m £		CEASED NAME FIRST E OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH D	YEAR 26 HOUR
boge look		HAN	S W.	WERKMEISTER	June 23, 1986	93 AM
o d	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ogé 4		Male	White	August 10, 1912	73 YRS	
2 E	2.1	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deot		Germany	U.S.A.	WIDOWED DIVORCED	Baltimore (	County MD
章 第7章/	1	ITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	12b KIND OF BUSINESS OR
S S S S S S S S S S S S S S S S S S S		Catonsville	2124 Fernglen W	lay	Accountant	Credit Union
hou d in	13a	AL RESIDENCE HE NURSING HOME C STATE 136. COU	NTY 13t. CITY OR TOW	ADMISSION) N 113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
# # 1 24		Maryland Bal	timore Catonsv	ille YES NO X	2124 Fernglei	n Way 21228
Plerely With	14 F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
E 0 6		George	F. Werkmeiste	r Helena		Werkmeister
decu	160.	WAS DECEASED EVER IN U.S. A		RITY NO. 17 INFORMANT	ADDRESS	ting Para files
Pe e		YES NO OR UNKNOWN) (IF YES O	11 577-07-5	473 Helen Werk	emeister Catonsu	rnglen Way
sicre per ol.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per line for 101, (b) and	dich 1	11-1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 611			TE CAUSE (a) Cardio	- Kensyalan	Herberto	Immediate
th confin			DUE TO, OR AS A CONSEQUE	NCE OF		1 mo
÷ \		Conditions, if ony, which gove rise to immediate	(b) Flewa	+ Usutu to	llud	1
4 1 1 1 1		couse (0), stoting the underlying couse fost.	DUE TO, OR AS A CONSEQUE	INCE OF	. ,0	9/80
d d d			(c) Wheyn	ead Value care	orong I llotter	100
signe len p 5 bury, ury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 110
r red	CERTIFICATION	190 DATE OF OPERATION	10h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED
os b os b serm vs or	FICA	DATE OF OPERATION	170 CONDITION FOR WHICH	OF ENATION WAS PERFORMED	IN CERTIFY	YING CAUSES OF DEATH?
icror ste h	ERI	71n ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121/ HOW IN HIP OCCUP	YES NO YES	NO NO
physical Info		OR CONTRIBUTING CAUSE OF DE	- HOUR AND MONITH DA	Y YEAR	LENTER MATURE OF INJURY IN ITEM 18 PA	AKT J OR PART 2)
Ling Kent	SA	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
this do	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
fter os th th on srkex	-	AT WORK AT WORK				
R. A use of Teofi			nital) ottended the deceased from_	9/12 19 85	10 6/23	19 6 that (II (we) last
Spite CTO I for of h		sow the deceased olive o obove, (1) (we) did (did n	ot Niew the body ofter deoth.	ond that in (my) (our) opinion	death occurred on the date and hour	and from the couses stated
ched ched lept.		226 SIGNATURE		DEGREE	4	224. DATE SIGNED
y the		Com. C	Waterfeel	ATTENDING PHYSICIAN	MÉDICAL STAFF DIRECTOR PHYSICIAN	6/24/86
d b		226. PHYSICIAN'S NAME (TYPE		22e ADDRESS		
POS FU		William Wate	rfield M.D.	900 Caton A	venue, Baltimore, 1	MD. 21229
5 € 5 € 3 ₹	22-	NUMBER OF STREET	Tool page	HAVE OF CENTERS OF THE COLUMN	Test to carion	

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

6/26/86

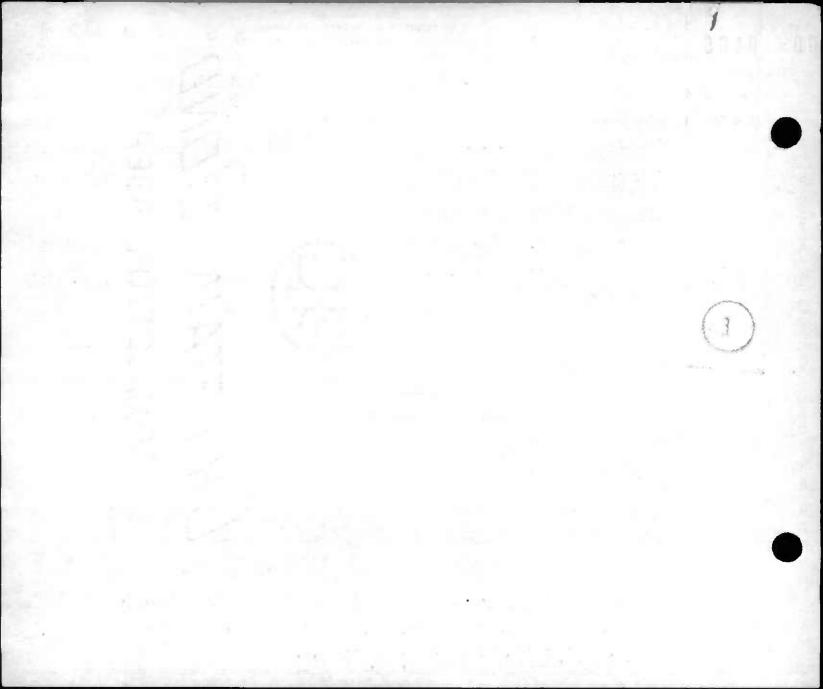
Leray M. & Russell C. Witzke Funeral Homes P. 1630 Edmondson Avenue, Catonsville, MD. 21228

23c. NAME OF CEMETERY OR CREMATORY

St. Johns Cemetery

Ellicott City

MD.



	ifter death. P	the funeral d
MORE, MARYLAND 2120	executed within 24 hours	and completely filled in by
01 W. PRESTON ST., BALTII	that the decision care be	d by the attendementary or eose remove corbon popular.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PHYSICIAN: The law requires tending physician.	r this certificate has been signed the burial-transit permit. Then poor to have a prior to him.
AIG	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the chalf control on the system of within 24 hours after death. Pretained by the haspital as attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attended times and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please entrolled and action to and 2 should be filled within 72 has the Seas Andel of Hooleh and Montal House principles and seasons.

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							OF MARYLAND					
1	FOR STATE REGISTR	Α-			DEPAR		EALTH AND MENT		8 6	G. NO.	6 2	8 /
	HICEASED N	AME E	PIRST P	Rose	P.	W	Wertin		DATE OF DEAT		DAY YEAR	26. HOUR 30
1	SEX			4. RACE		5. DATE C	F BIRTH	6.	- / -	ST BIRTHDAY)	IF UNDER 1 YEAR	- N
1	Femal	e		White		Jul	y 12 18	95	90	YRS.	MONTHS DATS	HOURS MIN.
70.	BIRTHPLACE	(STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARR	9	BALTIMORE CI		0	
/ 1	Michig	gan		USA		WIDOWE	DIVORC	CED 🔲	PHOL	MOK	E Co	unty ME
10	CITY OR TO	- 1	ATH	11. NAME OF	HOSPITAL, NUR	SING HOME C	R OTHER INSTITUT	ION 1	TYPE OF WORK FOR M	PATION	126. KIND	of BUSINESS OR ducatio:
		ON			Maris F		9		Retire	d leac	ner E	Lducatio.
	STATE  Maryla	_		more	GIVE RESIDENCE BEF		13d. INSIDE CITY LI YES NO		700 Mi	ss / zip cod	Řd., 2	1204
0"	FATHER'S NA	ST	٨	P.	Kalten	bach	15. MOTHER'S MAI		~ <b>P</b>	LE	M	eder
160		ASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT			DDRESS		
	No			-	386-38		Virgini	a W.	Linder	, 700 N		
	18 CAUS	E OF DEATH	TH (Enter and	y ane cause pe	ALZ F	and ich	5010	757	204	in	BETWEEN	XIMATE INTERVAL
			IMMEDIATI	E CAUSE (a)								
34.1	16			DUE TO, O	R AS A CONSEC	DUENCE OF						
- 15	Canditio	ns, if any se to im	y, which	(b)_								
	cause	ial, stati	ng the	DUE TO, O	R AS A CONSEC	DUENCE OF						
	underlyi	ng causi	e last	( (c)_								
N		OTHER SIG	NIFICANTC	ONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO T	THE TERMIN	AL DISEASE OR	CONDITION GI	VEN IN PART 1	Iai
CERTIFICATION	190 DATE	OF OPERA	ATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	D	20a AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE 'ES	INGS USED S OF DEATH?
3	21a. ACCIO		DERLYING		OF INJURY	DAY YEAR	21c HOW INJURY	OCCURRED	ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
1 3	OR CONTR		CAUSE OF DEA	in _	.M.	19	2 12					
MEDICAL	21d. INJU WHILE AT WORK	RY OCCUR	RRED		OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC )	211 LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
			ORK	-15 -44 - 4 - 4 4	ne deceased fran	9/2	1	75		18	10 81	1
	saw	the deceas	sed alive an	6/3	19	6.30 E	d that in (my) (aur)	apinian dec	ath accurred an t	he date and ha	ur and from th	, that (I) (we) las e causes stated
	22b. SIGN		(did) (did nat	) view the bady	after death.		DEGREE		-	/		ESIGNED
	(	WC	Efal	ulk	new	MD	ATTEN PHYS	IDING	MEDICAL DIRECTOR P	STAFF YSICIAN []	6/0	8/86
	Les Les	ncian's n	LI L	PRINT) F	aulka	JER	STELL	la 1	Yaris	. Too	wsan,	Md 2
230	BURIAL, CR	/	REMOVAL	231 DATE 6/14/			ew Cemet		Cally of too	ết	COUNTY	Michig
B4 24	FUNER AT D		4 (3)	ruced	ADDRES	21	.093	250 DATER	EC'D. BY REGIST			TURE
	J. E.	Low	ell Le	mmon	, 10 W.	Pador	nia Rd.,	100	TO THE	D June	handard.	Market
	7.1											

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the tarment to the terms of the

0		FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	B C REG. N		6 2	8 8
0		CEASED NAME	Henry	^	Joseph		ess	June 18, 1		Y YEAR	5:15 a
1	-	ate		White				6. AGE EIN YEARS LAST BIR	YRS MO	UNDER 1 YEAR	IF UNDER 24 HRS
8	N	RIHPLACE ISTATE OR COUNTRY!		U.S.A		MARRIE		Baltimore City of	County	/	MD.
1	R	ITY OR TOWN OF DE ROSSVILLE  AL RESIDENCE IN NUR		Frank	HEACILITY, GIVE STREET	re Hos	or other institution	120 USUAL OCCUPAT TYPE OF WORK FOR MOST O Salesman		126 KIND C INDUSTRY Mea	at
3	13a M	STATE  STATE  STATE  STATE	13b COUNTY		Baltimo	VN	13d INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS 3712 Ridge		Road	21206
X	E	ierman	MID		Wess		Susan	MIDDLE		Spie	
2	1 .1	WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES GIVE W		217-03-		Mabel M. Wes	ADDR			
	z		mediote ng the e lost	DUE TO, OF	r as a conseou	DEATH BUT	tastatic Lung		DITION GIVEN	V IN PART 10	0
1	TIFICATION	19a DATE OF OPERA	VION	19b. CONDI	• •		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES		
9	MEDICAL CERT	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME OF HOUR A./ P./	M. MONTH D M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	I ( OR PART 2)	
1	MED	AT WORK AT WO	THILE D		EET, FACTORY, OFFICE		214. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
		saw the deceo abaye, **(we)	(this hospital) sed alive on (did) by the	June 1	deceosed from 19 ofter death.		, 19.86 and that in (our) opinion	, to <b>June 18</b> death accurred on the d	ote and have a		
_,			M. Jan				ATTENDING PHYSICIAN [	MEDICAL STA			18, 198
1		Danie	LM.	Jonn	y		9000 Frank	lin Square	Drive 2	1237	
		Burial, cremation  Burial  UNERAL DIRECTOR		06/21/	-		emetery or crematory  od Cemetery  250. DAT	23d LOCATION CITY OR TOWN Baltimor E REC'D. BY REGISTRAR			STATE

Leonard J. Ruck, Inc. Baltimore, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

THE RESERVE THE RESERVE TO THE RESER

The Joseph Establish of the Joseph Establish of the State of the State

uriel . Ruck. Inc. Brl imore, jourgland

uted within 24 four offer death. Page 4 may be conducted in the four offer mag.	0	0 -	0	9 7	Û
2 60	5	•	24 hours after death. Page 4 may	Listen Title in by the funeral director, page 3	And the bolined of the

FOR DEPART - STATE

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFO 130. STATE 136 COUNTY 131. CITY OR TO Baltimore

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH Enter only one cause per line for (a), (b) o PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)

WHITE

76 CITIZEN OF WHAT COUNTRY

11. NAME OF HOSPITAL, NURSI

LAST Wheat.

166 SOCIAL SEC

DUE TO, OR AS A CONSEQU

DUE TO, OR AS A CONSEOU

221-05

REGISTRAR 1 DECEASED NAME (TYPE OR PRINT

FEMALE

Maryland 4 FATHER'S NAME

(YES NO OR UNKNOWN)

Sheridan

Conditions, if any, which gove rise to immediate couse (o, stating the

STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

7a BIRTHPLACE

COUNTRY) MARYLAND CITY OR TOWN OF DEATH

3 SEX

CERTIFICATION

MEDICAL

STATI	OF MARYLAND							
	EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8	6 REG. NO	).	6	2.	8	4
t.	AST	20. DATE O	FDEATH	HTMOM	DAY	YEAR	26 HOL	JR 07
WH	EATMAN		Je	INC 0	3 /	986	/	PM
	FBIRTH	6 AGE (IN)	EARS LAST BIRT	HDAY)	IF UNDE		IF UNDER	
MONTH 3	7 15	73		YRS	MONTHS	DATS	HOURS	M IN.
8. MARRIEI		9. BALTIMO	RE CITY O		Y OF DE	ATH		
WIDOWE		BAL	TIMO	RE	Col	IN	TY	MD.
	R OTHER INSTITUTION	120 USUAL	OCCUPATION		12b		F BUSIN	ESS OR
HHHC	SPITAL	Hou	sewif	e e	IFE) TIND	Hom	emak	ing
RE ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET	ADDRESS /	ZIP COD	Ba.	to.	Md.2	1206
	15 MOTHER'S MAIDEN NA	ME						
Ley	Mämie		E. MIDDLE		Co	ulb	ourn	
URITY NO	17 INFORMANT	4,000	ADDRE			11		
-2966	Evelyn J. Co	nnelly	5111	Hill	burr	1 Av	e. 2	1206
ig na	x Pleural	Effe	words		В	APPROXI ET WEEN C	MATE INTE	RVAL DEATH
JENCE OF	The unclear			,				
JENACE OF								
DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CONE	OITION GI	VEN IN F	ART 1ro		
H OPERATION	N WAS PERFORMED	20g AUTO	DPSY?	20b. IF YE	S, WERE	FINDIN	GS USE	D

underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES [	RE FINDINGS USED CAUSES OF DEAT NO
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		21¢ HOW INJURY OCCURRED	ENTER NATURE OF INJUR	T IN ITEM 18 PART I (	OR PART 2)
21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR LOW	MN (	CHINIY

AT WORK 22a | certify that We (this haspital) attended the www the deceased alive on and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (M (we) (did) (did of view the body after death

776 SIGNATUR DEGREE 22¢ DATE SIGNED

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 228 PHYSICIAN'S NAME (TYPE OR PRINT

WALL Sr mo LESTER 230 BURIAL CREMATION, REMOVAL 23b. DATE

23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN Cokesbury Cemetery

Caroline Co. Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health

IMPORTANT

and Mental Hyge

OR ATTENDING

HOSPITAL

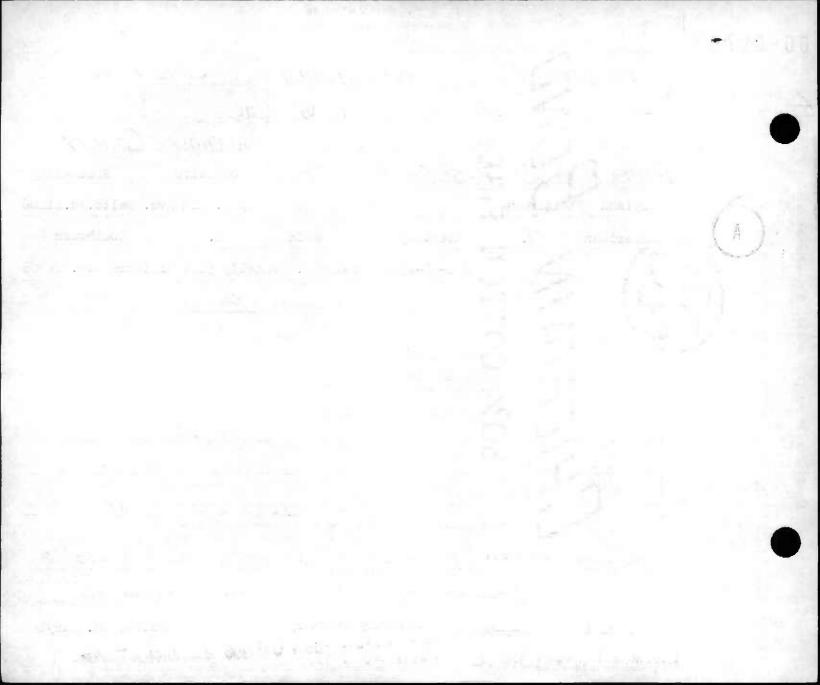
haspital

24 FUNERAL DIRECTOR

Buria

BALTO MD 2133

CU 50 m



1 -	STATE REGISTRAR			DEPART				B	C) REG. N	۷0.	0	dien	, 0
		FIRST		MIDDLE	1.	AST		20 DATE O	FDEATH	MONTH	DAY	YEAR	26 HOUR
(1AbE	OK PRINT)	JAMES	5 :	LEROY			1137	7				86	9:20P.
3. SEX		COLLEGE.	4. RACE				WE LD	6. AGE (IN	YEARS LAST B	RTHDAY}			IF UNDER 24 H
	MALE				8	15	24				S		HOOKS M
		FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	KNEVERA	AARRIED -	9. BALTIMO	ORE CITY	OR COUN	NTY OF D	HTAS	
		MAR.			WIDOWE	D DIN	ORCED _	Balt	timor	e Co	unty	V. 19	
10 CI	TY OR TOWN OF DE	ATH				R OTHER INST	NOITUTI						F BUSINESS
	Catonsvil:	le				iue							more C
						13d INSIDE CI	ITY LIMITS?	13e STREET	ADDRESS	/ 7IP CC	ODE		
Ma	aryland					YES [	NO X					nue	21228
	THER'S NAME	1781	MIDDLE		1117				FLUE	, Tie			P-10-12
177			my ott	White	5-1-1			e	MILLI				Grove
				166 SOCIAL SECU	RITY NO.	17 INFORMAL	NT	-	ADDF	RESS	1231		Union
{ }	YES			723-12-	8306	Marie	C. Whit	e 59	N. I	Prosp	ect	Ave.	21228
	18 CAUSE OF DEAT	H Enter or	nly ane cause per	r line for 10), (by) and	d (C).3		0			47.478		BETWEEN	MATE INTERVAL
	PAKI I. DEATH V			Cochef	ca t	-Used	is.					2	uls
			DUE TO, O	R AS A CONSEQUE	NCE OF	DIA!						10	2000
			( ib)	Vailey	Cou	morni			VEN'S			10	
	couse (o), stati	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF						45		
			(c)_										TH-20
z	PART 2. OTHER SIG	NIFICANT (	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEAS	SE OR COM	NDITION	GIVEN IN	PART II	
ATIC	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFOI	RMED	20g AUT	OPSY?	20b. IF	YES, WEI	RE FINDIN	IGS USED
IFIC		Life Co		Will All						INCER	RTIFYING	CAUSES	OF DEATH?
ERT	210. ACCIDENT WAS UN	IDERLYING [				21c. HOW IN.	JURY OCCURR			URY IN ITEM		OR PART 2)	110
	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A										
DIC					19	211 LOCATIO	N	V2 - 0 - 0			0 1 1		
ME	WHILE   NOT W	HILE			ARM, ETC )	STREET			CITY OR 1	OWN	C	OUNTY	STATE
			ital) attendéd th	ne deceased from	12	110	19_8 V	to	6/2	-6	10	86	that (li (we)
	saw the deceas	ed alive on	6/26	19 (	86 on	- many	(our) opinion d	leath occurre	ed on the	dote and	hour and		· dans
3/4/	22b. SIGNATURE //	did (did no	it) view the body	atter death.		DEGREE			/			22c. DATE	SIGNED
	alm	4 CU	alutu	5 Ms				MEDICAL	STA	AFF ICIAN [		6/:	27/86
	228 PHYSICIAN'S N	AME (TYPE	OR PRINT)	- C. S.				, o mecron	, , , , , ,	CIAIT		- 1-	
	Waterfi	eld	YELVIE			St. A	anes Ho	spita	1 Or	ncolo	gy D	ept.	
23a B			23b. DATE	231.	NAME OF C			_					
	MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	I - STATE REGISTRAR  I. DECEASED NAME (IVPE OR PRINT)  3. SEX  MALF  TO BIRTHPLACE (STATE OR COUNTRY) Maryland  10 CITY OR TOWN OF DE  Catonsvil  USUAL RESIDENCE (IF NUR 13a STATE  Maryland  14. FATHER'S NAME FIRST  Frederi  16a, WAS DECEASED EVER (YES, NO OR UNKNOWN) YES  18 CAUSE OF DEAT PART I. DEATH V  Conditions, if ony gove rise to im couse to j. stort underlying coust underlying coust underlying coust  PART 2. OTHER SIG  OR CONTREUM (IF EITHER NOTHY MED 21d. INJURY OCCUR WHILE NOTHY MED 21d. INJURY OCCUR AT WORK 220. I certify that (I, saw the decomposite of the property of the property) 220. SIGNATURE  222d PHYSICIAN'S N Waterfi	I. DECEASED NAME (IVPE OR PRINT)  JAMES  3. SEX  MALE  BE BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland  10 CITY OR TOWN OF DEATH  Catonsville  USUAL RESIDENCE (IF NURSING HOME OR 13a STATE  II3b COUT Maryland  Balt  14. FATHER'S NAME FIRST  Frederick  16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) YES  18 CAUSE OF DEATH LENTER OR PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT OR OR CONTREUTING COUSE (O), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT OR OR CONTREUTING CAUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINE)  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR OR CONTREUTING NOTWHILE ALWORK ALWORK ALWORK ALWORK  27a. L certify that (I), this hosp saw the deceased olive on obove, (I) (We) ACID (Id of no 27b. SIGNATURE  27d PHYSICIAN'S NAME (TYPE OF WATERIAL OR  27d PHYSICIAN'S NA	I. DECEASED NAME (IYPE OR PRINT)  JAMES  3. SEX  MALE  MALE	I. DECEASED NAME FIRST MIDDLE  I. DECEASED NAME FIRST MIDDLE  I. DECEASED NAME FIRST MIDDLE  I. PART SERVICE (STATE OR FOREION COUNTRY)  MALE WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  III. NAME OF HOSPITAL, NURSING  (IF NOT IN SUICH FACILITY, GHE STREET  SP N. Prospect  U.S.A.  10 CITY OR TOWN OF DEATH  Catonsville  U.S.A.  11. NAME OF HOSPITAL, NURSING  (IF NOT IN SUICH FACILITY, GHE STREET)  SP N. Prospect  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE  13a STATE  WATYLAND  MARYLAND  MARY	CERTIFE   CERT	CERTIFICATE OF DETAIL	STATE PROPERTY OF PRETTY OF OR	1. DECEASED NAME	STATE REGISTRAR   CERTIFICATE OF DEATH   Record   Recor	STATE REGISTRAR   CERTIFICATE OF DEATH   REG. NO.	STATE   REGISTAR   REST   MAGEN   LAST   The DATE OF DEATH   REGISTAR   REGISTAR   REGISTAR   REST   MAGEN   LAST   THE DATE OF DEATH   MODIFIED   REGISTAR   REGISTAR   REST   MAGEN   LAST   REGISTAR   REGISTAR   REST   MAGEN   LAST   REGISTAR   REGIS	STATE REGISTAR   STATE RESIDENCE   STATE RESID

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

21229

6/30/86

Burial

24 FUNERAL DIRECTOR

Lake View Cemetery Sykesville 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

rina Daydoon-Nampare

Carroll

19 66, that (1) (we) lost

Maryland

26 HOUR 9:20P. M

12b. KIND OF BUSINESS OR

Baltimore City

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 uls

IF UNDER 24 HRS

Service of the servic	
	1491

- 10706	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	6 2 9	9
10100		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH		HOUR
oge deat		WILLIAN		WHITE	06	25 86	2:30am
r. po	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HE	OURS MIN.
200	1	MALE	WHITE	Sept. 21, 1507	78 _{YR}		
Market P. P.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COU		MD.
1		TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION ADDRESS! RLES ST., BALTIMOR	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Executive.	12b. KIND OF B INDUSTRY ROOF	
	130. 5	MD (34 COUR	OTHER INSTITUTION GIVE RESIDENCE BEFOR ITY 13c. CITY OR TOW Balt	YN 13d INSIDE CITY LIMITS? YES X NO	136 STREET ADDRESS / ZIP CO	DDE re Rd. 21	210
d d 2 a	14. FA		MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST	
on on one	1	John Ode vas deceased ever in u.s. ar	enheimer Whit		ce May Ing	g <b>r</b> am	
edico		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			laika Ca	
rs. Pe		Yes WM			abeth H. B. W		TE INTERVAL
NG PHYSICIAN: The low requires that the death certificate be executed within a rather this certificate by a physician.  The this certificate has been signed by the attending physician and completely filter in as the burial-transit permit. Then please remove carbon papers. Pages Fand 2 should be the and Mental Hygiene prior to burial, cremation, ar removal.  The and Mental Hygiene prior to burial, cremation, ar removal.			ly one couse per line for (a), (b), or D BY: E CAUSE (a) CARDIO—  DUE TO, OR AS A CONSEQU  (b) MI  DUE TO, OR AS A CONSEQU	ENCE OF			
n, no requires the nos been signed permit. Then ples me prior to buriol was ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT O		DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS RTIFYING CAUSES OF	S USED F DEATH?
sicio sicio nsit ygie	ER	21s. ACCIDENT WAS UNDERLYING	1 216 TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM		40 🗆
phy phy phy partition of the partition o		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR			
DING PHYSICIAN, Torrending physicians continuous cost he busing-transicitrons out hand Mental Hygmanked at them 18 st	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	19 21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TENDING sital ar of TOR: Aft for use as of Health		220.1 certify that (I) (this hospi	tol) attended the deceased from 6-25	6-12 19 86 86 and that in (my) (aur) opinion	to 6-25	19 <u>86</u> , tha	t (II (we) last
by the hosp by the hosp ERAL DIREC State Dept. of	(	above (I) (we) (did) (did)	mell	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG	- 018
TO HOSPITAL etoined by 1 TO FUNERAL should be det with the Store IMPORTANT:		DR. TIMOTHY			. CHARLES ST., BA	LT IMOR E	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	6/26/86	name of cemetery or crematory Green Mount	Balto.,	COUNTY	STATE
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR Henry	W. Jenkins 8	Sons Co. 250. DA	ATE REC'D. BY REGISTRAR 256. REG		
(VRA 15, 4)	140	05 York Road	Balto. MD	21212	JUN 27 1986 July	a Davidson Do	indem.

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State Manager Cook Franch Cook Toward Color

SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD., BALTO, MD 21215

STATE OF MARYLAND

WORKMEN CIRCLE CEM

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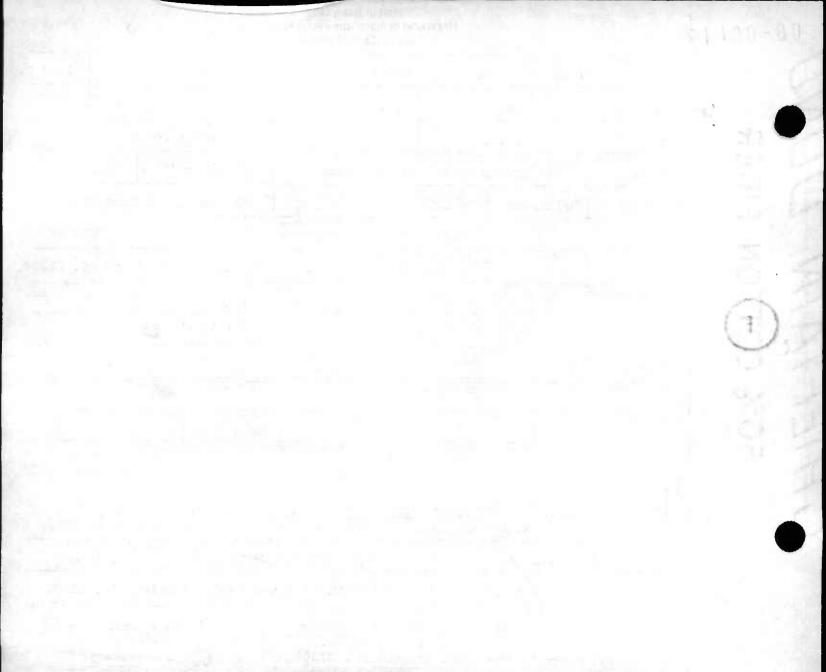
PEGISTRAPI256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

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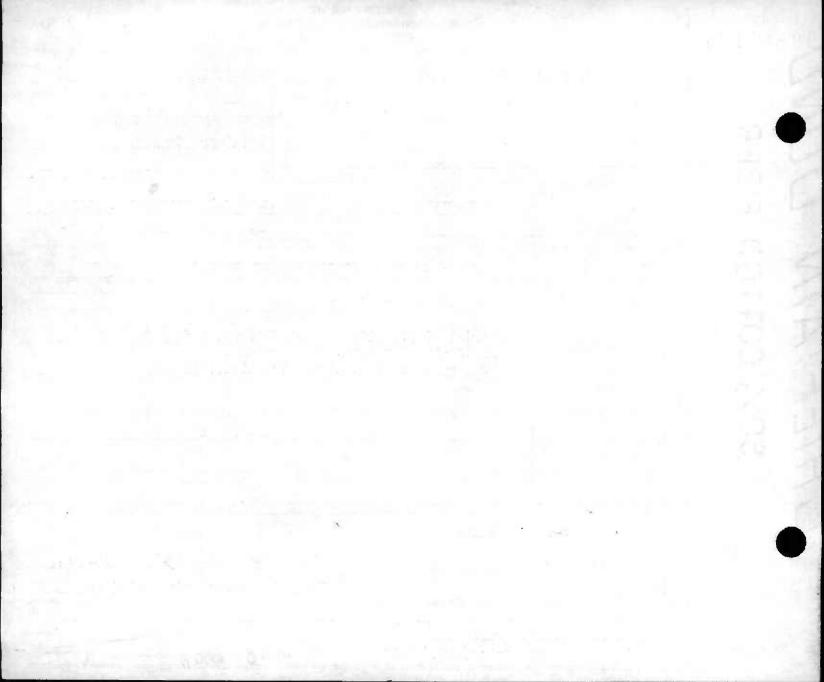
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to	1	FOR STATE			DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG	ENE & 6		6 2	9 5
11783		REGISTRAR					ICATE OF DEATH	REG. N		V.	
		DECEASED NAME	FIRST		NIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	-		Harold	J	. WILE			June 28,			3:30 am
E ( % )	3.	SEX	1	RACE		5. DATE (		6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	HOURS MIN.
ago.	1	Male BIRTHPLACE (STATEO		White	e WHAT COUNTRY?	5	15 08	78 9 BALTIMORE CITY	YRS	COEATH	
4 22 B	2	COUNTRY	R FOREIGN /b	USA		MARRIE	D X NEVER MARRIED		_		
de de	710	Virginia CITY OR TOWN OF D	ATH 11			WIDOWI	DR OTHER INSTITUTION	Baltimore			MD.  BUSINESS OR
orie d	7	Rossville		Frank 1	in Square	ADDRESS)	oital	(TYPE OF WORK FOR MOST		INDUSTRY	
Sun de la	1	JAL RESIDENCE (IF NU	RSING HOME OF OT	HER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)		Carpenter-		p Bern	· Steel
24 h	8	STATE	Baltim	ore	13c. CITY OR TOV	VN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 2103 Oak	ZIP CODE	. Ralt	o Md . 21
letely d 2 sl	14	Manyland FATHER'S NAME					15 MOTHER'S MAIDEN NAM	NE .	zona na	- 2011	0111111111
1003	0	Samue		leigh	Wiles	3	Mary	MIDDLE Ja	nes	Sla	yton
nd co	16	WAS DECEASED EVE	R IN U.S. ARME	D FORCES?	166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDR	ESS		
Pages 1		NO NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES	237-07-	2295	Juanita O. W	iles 2103	Dakland	Rd.	21220
hysicia papers aval.		18 CAUSE OF DEA	TH (Enter anly	ane cause per	line far (a), (b), ar	nd ic			1.17	APPROXU BETWEEN C	MATE INTERVAL
phy n pay emov		PART I. DEATH	WAS CAUSED I		Cardiopu	1mona	ry Arrest	A Property	70		
quires the signed be then plea to burial,	3		GNIFICANT CO	NDITIONS CC	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COM	idition given	IN PART Tro	
on hos been permit. Permit. ene prior	2	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO	20b. IF YES, V IN CERTIFYIN YES		
physicic physicic fificate I-transit al Hygin al B sho			CAUSE OF DEATH		M. MONTH D		21c. HOW INJURY OCCURR			1 OR PART 2)	
× × × × ×	1	(IF EITHER NOTIFY ME		21e PLACE C		19	211. LOCATION				
After the os the Ith and Ith and oarked a	1	TANTE NOT	VHILE -	( AT HOME STR	EET, FACTORY OFFICE.	FARM ETC )	STREET	CITY OR T	OWN	COUNTY	STATE
Tol o Tuse Head		22a I certify that (	Xithis hospital	6-2	8 19	86	25 , 19 <u>86</u> nd that in ( <b>X</b> y) (aur) apinion d		late and have a		hot ( <b>X</b> (we) lost
A CT OF B		obove, (Xwe)	(did) (d <b>XIX</b> (X)		ofter deoth.		DEGREE MD			22c. DATE	
7	Т	Ca	mthe	in a	· Pow	en	ATTENDING PHYSICIAN	MEDICAL STA	FF		28, 1986
o HOSPITAL etained by t TO FUNERAL should be det with the State		22d. PHYSICIAN'S	AME (TYPE OR PI				22e ADDRESS	DIRECTOR PHIS	CIAIN	Journe	20, 1300
HOSPIT ined by FUNER wild be th the Sta		Cunth	ia A D	owers,	M D		9000 Frankli	n Square D	r	21237	
APP APP				owers,				N Square D	1 .	L1201	
retained by the TO FUNERAL C should be detail with the State C IMPORTANT: If	23	BURIAL, CREMATION		23b DATE	23ε.		EMETERY OR CREMATORY	23d LOCATION			
BP		BURIAL, CREMATION			23ε.		EMETERY OR CREMATORY Hills Cemeter	23d LOCATION	Baltimo	re, Ma	ryländ

A A ad amort of the state of the st And the contract of the contra as provide the south as address. The south the south

				STATI	E OF MARYLAND			
08712	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYC ICATE OF DEATH	B REG. NO.	1 6 2	9 6
		CEASED NAME FIRST	WIDDLE	l	AST	20. DATE OF DEATH MON	NTH DAY YEAR	2h HOUR
5.0		Flore	nce B. Will	helm		June 4, 1986		4:25 a
9.00	3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR	R IF UNDER 24 HRS
11.0	1	FEMALE	WHITE	OCT.	14 1893	92	YRS	
10 M	7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
12		MD.	U.S.A.	WIDOWE		Baltimore Co		MD
57	I	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S FRANKLIN SQU	JARE HOST		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO TELEPHONE OP.	RKING LIFE) INDUSTRY	& P. CO.
33	USU.	MD.	OR OTHER INSTITUTION GIVE RESIDENCE INTY 13c. CITY OR BALTIM	BEFORE ADMISSION) TOWN ORE	13d. INSIDE CITY EIMITS?	13e.STREET ADDRESS / ZIF 3699 1/2 KEN	YON AVE. 2	21213
DON	M. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA			AS1
100	/	ROBERT	NEAL CALVE			Littell Cr	owther	
11		VAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	SECURITY NO.	17 INFORMANT	ADDRESS	AME ADDDE	70
1		INO	213-26	5-2660A	CAROLYN THO	MAS (DGHTR) S.		
1000			only one couse per line far (a), (b		E 1		BETWEEN	NONSET AND DEATH
d la		IMMEDIA	ATE CAUSE (a) Acute P	ulmonary	Ldema			
o de			DUE TO, OR AS A CONS	EOUENCE OF		- 17		
afor		Conditions, if ony, which	(b) Atrial	Fibrilla	ition, Heart	Failure, Left		
Per T		couse (a), stating the underlying cause last.	DUE TO, HEND SON	erenceard	liovascular A	ccident		
or o					nfection, Di			
o p	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART I	la
8 2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		b. IF YES, WERE FINDI	
1112	H					YES NOX	YES T	S OF DEATH?
0 0	CER	21a. ACCIDENT WAS UNDERLYING		DAM 11515	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN		
lo M	100	OR CONTRIBUTING CAUSE OF D		DAY YEAR				
6	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF		21f LOCATION	CITY OR TOWN	COUNTY	STATE
5	2	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FFR.E, FARM, ETC.)	37667			
E 5		220.1 certify that K(this has	pital) attended the deceased fi	ram May 28	1986	June 4,	19_86	, that 🗶 (we) last
2 2		sow the deceased alive a	on June 4.			death accurred on the date of	and hour and from the	e couses stated
# ep		12h SIGNARTURE	- vew me body and deam.		DEGREE		22c. DATE	ESIGNED
2 = /		LINUM	V		ATTENDING PHYSICIAN [	MEDICAL STAFF	D (0)	4/8/0
PORTAN		Ken Curry MD	gh rent)		9000 Frankl	in Square Driv	ve Baltimo	re 21237
1 3	730 5	BURIAL, CREMATION, REMOVA	L 23b. DATE	23r NAME OF C	EMETERY OR CREMATORY	236 LOCATION		
		BURTAL	6/7/86		S OF FAITH	BALTIMORE	COUNTY	MD.
	24 F					TE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNA	
60M 7/84		3331 Brehms I	NERAL HOME, IN ane, Balto. Mo	21213			me revided -	



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) - 0 8 9 8 1		FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	1629/					
m +		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR					
oy be	3. SE:	Thed	a V.	WILLARD	June 1,						
ge 4 m		EEMALE	CAUCASION	S. DATE OF BIRTH  MONTH  B  YEAR  2  1	6 AGE (INYEARS LAST BIRTHO	MONTHS DAYS HOURS MIN.					
Pooth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	(? 8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9 BALTIMORE CITY OR Baltimore						
by the for	1	BALTIMORE	DWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  TIMORE  PRANKUM SQUARE HOZP.								
filled in hould be	13a. S	STATE 136 COURT	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c CITY OR TO	YES NO		ATTICK Ro. 21206					
ompletely ompletely of the with		SYLVESTER	MIDDLE ROUbided.	15 MOTHER'S MAIDEN NA FIRST  KATHERINS	WIDDLE	HOFF LAST					
n ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR ENKNOWN) (IF YES, GIV		0692 DAVID WILL	MRD (SPOUSE)	Same As #13					
equires that the de incertification is signed by the attraction and then please remains a remained, or remaining or other traumatic event, the injury, or other traumatic event, the	NOI	PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	te cause (a) Periphera  DUE TO, OR AS A CONSEQ  (b) Of left  DUE TO, OR AS A CONSEQ  (c) metastas	al scar cancer (Ade lower lobe of lung	with	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
The low ricion.  Ite has bee not permit.  Green prior shows only	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO					
ding physic ding physic is certificate burial-trans Mental Hyg	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE- LIF EITHER NOTIFY MEDICAL EXAMINED	HOUR A.M. MONTH	DAY YEAR 19 21t. HOW INJURY OCCUR 21t. LOCATION	RED (ENTER NATURE OF INJURY)	vitem 18 Part I Or Part 2)					
otten of the orked o	WEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	STREET STREET	CITY OR TOWN						
ATTEND ospital or CECTOR: A ced for use of Meal of Heal of Hea		220 I certify that XI (this hasp saw the deceased alive an above, XI (we) (did) XIX X	ital) attended the deceased from 6-1 X view the body after death			and hour and from the couses stated					
by the h by the h ERAL DIR se detache State Dep		THE PHYS CHAIS NAME (UP)	Took	MD) ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	6/1/04					
etained by 1 TO FUNERAL should be de with the State MAPORTANT.		Roger Mous		9000 Frank	lin Square Di	rive 21237					
BP	1	PRIOUNT CREMATION, REMOVAL	23b. DATE 6/3/8/2 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE					
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR  NAME  ATE ANATOM	y BARN ADDRESS	BATINOVE, KOUN !	U HOO Julie	REGISTRAR'S SIGNATURE					

33080 = 20 The state of the s Secretary of the said of the s a the street of the THE VIEW RELIEF STORY the first transference to the state of the STATE THE MENT OF THE PROPERTY PROPERTY OF THE PARTY OF T

is ofter death

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ha	
0	- 1
REG. NO.	1
	6 PEG NO

16298

	1-	FOR STATE REGISTRAR		DEPARTMENT OF H	16	2 9 8						
		CEASED NAME FINANCE Share		K. Willi	ams	20 DATE OF DEATH 6/25/86		6:45 p _M				
	3. SEX	(	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR					
1		male	White	1 MONTH	23 1946	40	YRS	5 HOURS MIN.				
Я		RTHPLACE (STATE OR FOREN	GN 76 CITIZEN OF	WHAT COUNTRY?	D X NEVER MARRIED	9 BALTIMORE CITY O						
Ч		10 TY OR TOWN OF DEATH	U.S.A.	WIDOWE HOSPITAL NURSING HOME O		Baltimor		OF BUSINESS OR				
		rowson	(IF NOT IN SUC	Baltimore Med		(TYPE OF WORK FOR MOST O						
p.	USUA 13a S		HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	7 IP CODE	15-81-01				
		_	altimore	Essex	YES NO X	910 Foxrio		21221				
7		THER'S NAME	WIDDLE	Stanley	15 MOTHER'S MAIDEN NAME FIRST Betty	ME		idson				
4		bert VAS DECEASED EVER IN U	O.  J.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE		Luson				
	No	(ES, NO OR UNKNOWN)	YES, GIVE WAR OR DATES)	218-44-6580	Jack F. Will	Liams	Same as 1					
		18 CAUSE OF DEATH (E PART I. DEATH WAS	APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH								
		IMMEDIATE CAUSE (0) Bronchopneumon1a  DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, wh										
		couse (o), stoting underlying couse le	Ref (									
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0-										
	CERTIFICATION	190 DATE OF OPERATION 196 COND		ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES [X] NO [	20b. IF YES, WERE FINE IN CERTIFYING CAUS					
	CER	21a ACCIDENT WAS UNDERLY		OF INJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IS PART I OR PART 2	)				
	CAL	OR CONTRIBUTING CAUS	COFDERIN	M. 19		The second						
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE				
J		22a   certify that (1) (this	s hospital) attended the		6/23/ 19 86		, 19	_, that (I) (we) last he couses stated				
		226. SIGNATURE	Burten		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	FF CIC	TE SIGNED				
		22d PHYSICIAN NAME Rudiger Br	eitenecker	, M.D.	22e ADDRESS			.204				
		BURIAL, CREMATION, REN	AOVAL 236. DATE	231 NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE				
	Bu	irial	6/30/		on Forest	Owingsmi.		Maryland				
		JNERAL DIRECTOR Dud		nc. ADDRESS  ADDRESS  ADDRESS  DATE REC'D. BY REGISTRAR'256. REGISTRAR'S SIGNATURE  JUN 27 1986								
	.79	922 Wise Ave	nue Dune	dalk, Maryland	21222 30	N 27 1986	rune Davidson	Manuser.				

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medico

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	1	6	2	9	0
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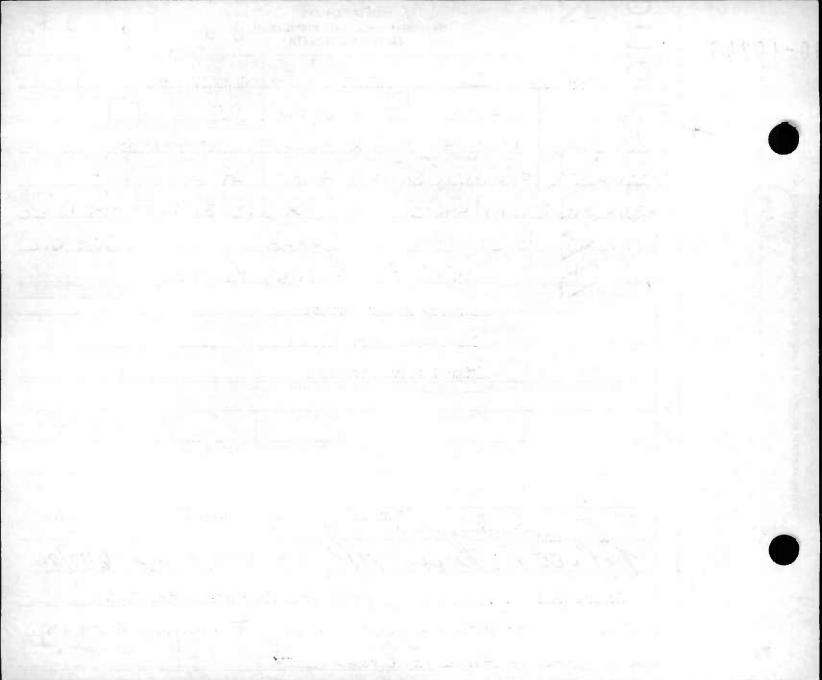
	21 -	STATE REGISTRAR		CI	RTIFICATE (	OF DEATH	B O REG	NO.	6 2	9 9
		CEASED NAME FIRST	MIC	DDIE	LAST		20 DATE OF DEATH	MONTH DA		26 HOUR
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	3. SEX		4 RACE	5. 0	MONTH D	LY - VEAR	6 AGE (IN YEARS LAST	BIRTHDAY) II	NIHS DAYS	HOURS MIN.
4	-	FEMALE	WHITE		11 30	1941	rt.	YRS.		
5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		ARRIED   NE	ER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
4		MARYLAND TY OR, TOWN OF DEATH	NAME OF HO	OSPITAL, NURSING H	DOWED THEP	DIVORCED X	12a USUAL OCCUP.	Mory	COUNT	BUSINESS OR
5		NDALLSTOWN		MOKE TO		General	CLERK -		INDUSTRY	STORE
1		L RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMI		DE CITY LIMITS?	13e STREET ADDRES		, iouro	JIORE
2	-	nd.	CITY	Baltimor	E YES	NO 🗌	41410	IRAV	2 2	1051
W	I FA	THER'S NAME FIRST	MIDDLE 6	LAST 1	15. MOTE	HER'S MAIDEN NA	ME MIDDLE			
1		Sparles	ABANES FORCESS II	lug Itar	VIO 117 117 10	Ilen	ADI	DRESS NO	BODINI	
2			GIVE WAR OR DATES)	66 SOCIAL-SECURITY		WOOI	DSTOCK,	MD	21163	
1	7	NO ·		<u>219</u> –40–8 <u>23</u>		CHARLES W	ALTER 35	17 GRANI		ATE INTERVAL
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	USED BY.	ne for (a), (b), and ic-	tolo	Malia	want No	lanome		ATE INTERVAL NSET AND DEATH
*	>	2925 IMMED	)IATE CAUSE (a)	- 1 le la	shane	Tung	Abya. Tu	AGNO M	4	
0		Conditions, if ony, which		as a consequence	OF Mu	ellisto	breve	10	-	
1		gove rise to immediate couse (a), stating the	)	45 4 50NESOUSNES	05	9				
/		underlying cause last.	DOE TO, OR	AS A CONSEQUENCE	OF					
7		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CON	TRIBUTING TO DEAT	H BUT NOT RELA	ATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVE	V IN PART 1 a	
Ž	TION									
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITI	on for which ope	ration was pe	RFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING ING CAUSES (	
à	ERT	210. ACCIDENT WAS UNDERLYING	21b TIME OF	IN II IRY	1216 HO	W INJURY OCCURE	YES NOL	YES YES		NO []
Q	D410 1	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DAY	YEAR	4	C-118 E	S L	Paris	Pt
4	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE OF		19815 7/7	ATION -	- DU 0/1 //	Re; POUR	CNING	110
3	WE	WHILE NOT WHILE	(AT HOME STREE	T. FACTORY, OFFICE FARM		TREET PAR	1 0 0	7LTO	COUNTY	md
3		220.1 certify that (I) (this ha	7.5	deceased from	5 . 2	19. 81	5 10 6.	9	36 "	not (l) (we) last
2		saw the deceased alive	on 6 4	19 86	, and that in	(my) (aur) opinion	death accurred on the	date and haur	and from the co	auses stated
H	-	obove, (Mwe) (did) (did 27b. SIGNATURE	not view the body at	rier death.	DEGREE			1 /	22c DATES	IGNED
3		049100	Nowo K	Y	41	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 3	6,9	. 80
		224 PHYSICIAN'S NAME (TY	200	- DO 2 DO	22e AD	RESS	COUNT		Han	nih!
4	22- 0	W. J.K.	KU 000	INDAGE	S	OD CDCWAYORY		MNL	, 1,61	344
		iurial, crematión, remov specify) BURIAL	736. DATE 6-12-86			OR CREMATORY  K CEMETE	234 LOCATION CITY OF TOWN RY WOODLA	WN RAT	TIMORE	MD STATE
	24 FU	INERAL DIRECTOR LORT		FUNERAL DI			E REC'D. BY REGISTR			
	87	728 LIBERTY RI		ADDRESS	21133		IN 1 3 1986			and a bre
							75476	77		AND TOP A COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

Marine Potania Zano advorte 19 3 to 19 April 19 and the state of the standard

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00,00903	1 DE	REGISTRAR CEASED NAME	FIRST		MIDDLE		AST .	AIII	REG. NO		YEAR 2b HOUR
oge 3 deoth	(TYP	E OR PRINT)	Georg	ie .	F.	Winke	lman		June 4. 1	1986	9:40 9
ge 4 moy	3. SE	x Male		4. RACE White		5. DATE C		1 ^{YEAR}	6. AGE LIN YEARS LAST BIRT		1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.
nerol dire		RTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MA		Baltimore city o	R COUNTY OF DEA	ATH
oy the fu		TYOR TOWN OF DEA	тн	11. NAME OF	HOSPITAL, NURSIN THE FACILITY, GIVE STREET In Square	G HOME C	R OTHER INSTIT	UTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Machinist	F WORKING LIFE) INDU	ark Mach &
24 havr filled in 8 guld be f	130	al residence (# nurs state Maryland	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION	13d. INSIDE CITY	Y LIMITS?	13e.STREET ADDRESS	ZIP CODE	Welding to Md 2123
MARYLA mpletely may 2 sh		ATHER'S NAME		MIDDLE			15. MOTHER'S MAIDEN NAME FIRST Catherine			LAST	
MORE, n and cor Pages 1	160	WAS DECEASED EVER			166 SOCIAL SECU 214-26-8	RITY NO.	17 INFORMAN	T	ADDRE kelman 4930		. 21237
the state of the s	z	Conditions, if any, gove rise to imm couse (o), statin underlying couse  PART 2 OTHER SIGN	nediate g the lost.	(b)	R AS A CONSEQUE Septic Sh R AS A CONSEQUE Gastroint ONTRIBUTING TO D	nock NCE OF Cestin			IN AL DISEASE OR CONI	DITION GIVEN IN PA	ART Ico
DIVISION OF VITAL RECORD AND PHYSICIAN. The low-requested physician. The this certificate has been as on the band-transit permit. The thind Mental Hygiers prior to asked or been 18 shows any integral of them.	CERTIFICATION	190. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	200 AUTOPSY? YES NO X	20b IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
OF VITA		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.	DE INJURY M. MONTH DA M.	Y YEAR	21¢. HOW INJU	JRY OCCURF	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I ORP.	ART 2)
NO Person	MEDICAL	21d INJURY OCCURR	HE 🗆	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION	0.6	CITY OR 10		13
CTOR. A		22a.1 certify that (1) sow the decease obove, (1) (we) (2)	(this hospit d olive on, id) (did not	June 4,	ne deceosed from 19	June /	d that in (my) (a	19 86 our) opinion (	deoth occurred on the do	19 80	1 ( ()
FAL OR SAL DIRE MANAGEMENT DIRECTOR SAL		22b. SIGNATURE	la	2			PH	TENDING IYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	G4/8G
O MOSPI TO FUNE should be with 115 5			lliam	KIRK					lin Square [	Orive 2123	37
BP		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE 6-7-86			emetery or cr of Fait	h Cem.		imore, Ma	
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR	iners	1 Ha	ADDRESS B	401 ALT8	Belair P	3.	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SI	GNATURE

	1			STATE OF MARYLAND			0 1				
	1	FOR	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE A 6	6 3	U				
10246		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.					
0 7 400		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR				
e to	(TYPE	ORPRINT)	<	WIRT7	June 17.	1986	9:08a M				
poge	3. SEX	France	14. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS				
offe		(0) () (	1.311	MONTH DAY YEAR	DE	MONTHS DAY	YS HOURS MIN.				
1	7n BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	JUNE 25, 1910	9 BALTIMORE CITY O	YRS.   1 OR COUNTY OF DEATH					
2		OUNTRY)	1250	MARRIED LI NEVER MARRIED	1	_					
5	10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL NURS	WIDOWED DIVORCED [	120 USUAL OCCUPAT	ce County	D OF BUSINESS OR				
11	0		(IF NOT IN SUCH FACILITY, GIVE STR	ET ADDRESS)	(TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUSTE					
1	12	SSEDALE	R OTHER INSTITUTION GIVE RESIDENCE BEF	SQUARE HOSP.	AT HO	WE	012.50				
26	13a. S	TATE 13b. COU	NTY 13c CITY OR TO	WN 134 INSIDE CITY LIMITS?		ZIP CODE	21085				
1		ARYLAND BAI	Timore H402		13031	BOTTOM	ROAD				
1	M. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME		LAST				
120		William	B. SCARBO	ROUGH SARAJ	-		2,000				
9 /	160. V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRI						
THE PERSON		) (IF TES, O	131L 52	5797 FAMIL	7 RECORD	15					
‡	F	18 CAUSE OF DEATH (Enter o	inly one cause per line far (a), (b),			APPE BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH				
rent, t		PART I. DEATH WAS CAUS	ED BV.	Ilmonary Arrest							
ic ev		IMMEDIA									
omo.		Due TO, OR AS A CONSEQUENCE OF  Conditions, if any, which (b) Congestive Heart Failure									
a d		gave rise to immediate									
other		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	Valve Disease							
ā		DART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART	lia				
iory,	Z	TAIL E. OTTER SIGNAL CANA	CONDITION CONTINUES IN CONTINUE								
oux !	¥ ¥	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN					
Sand	분				YES NOV	IN CERTIFYING CAUS	SES OF DEATH?				
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJE						
E .		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR							
or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19 211 LOCATION							
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TO	OWN COUNTY	STATE				
2		AT WORK AT WORK		1 11 0	6 to June 1	7 19 86	. V				
E		22a. I certify that (X (this has)	pital) attended the deceased fram		·		, that X (we) last				
2121		obave, (W(we) (did) (dydy	n June 17	86_, and that in X1X1 (our) apinio	on death occurred an the d						
Hem		27h SIGN MORE	191 4/	DEGREE	MEDICAL STA		ATT SIGNED				
<u>+</u>		Trother	1 (2/less	PHYSICIAN		CIAN DO Q	11/186				
A /	1	214 PHYSICIAN'S NAME ITHE	OR MINT)	22e ADDRESS							
IMPORTANT		Robert Kas	s. M.D.	9000 Frank	lin Square D	rive 21237	2-11/2-15				
<u> </u>	23 o.	BURIAL, CREMATION, REMOVA		C. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION						
4	10	SURIAL	1	DULANZY VAIIZY	CITY OR TOWN	Tive BAL	To. MO.				
	24. F	UNERAL DIRECTOR			DATE REC'D. BY REGISTRAF	R 256 REGISTRAR'S SIGN	YATURE Mandalle				
60M 7/84	15	MAME	1 acc Himce U	SEL BOOO	JUN 23 198	16 Junior wells	ton				



	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6		6 3	0 2			
		CEASED NAME FIRST		MIDDLE		AST			DAY YEAR	26. HOUR P			
*		Hele	n II	rene F	Till	Wittenbert	June 25,	1986		8:45 M			
	3 SEX	(	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS			
-	T	Female	Whit	e	June	12, 1911	75	YRS		HOURS MIN.			
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AARRIEI	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY	OF DEATH				
2/1	Ne	ew York	USA	A	WIDOWE		Baltimor	e Co	unty,	MD.			
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR			
1	C	Catonsville	7203	Inwood R	oad,	#21228	Housewife			emaker			
-		AL RESIDENCE (IF NURSING HOME TATE		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIR CODE					
			timore	Woodlay		YES NO	6104 Sunn			2.07			
1 >		THER'S NAME				15. MOTHER'S MAIDEN NA	ME						
		Raymond	Harry	Hill		Marv	Cecilia		Sulliva				
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT				od Road.			
/	()	(ES, NO OR UNKNOWN) (IF YES C	IVE WAR OR DATES)	114-07-	7491	Helen G. Wi							
/		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND											
		PART I. DEATH WAS CAUS		F	rall (1	Il lung cancer			0	conthe			
		IMMEDI					2277						
		Conditions, if any, which	-	IR AS A CONSEOU	IS A CONSEQUENCE OF								
		gave rise to immediate	(b)_										
		cause (a), stating the underlying cause lost.	DUE TO, O	OR AS A CONSEQUENCE OF									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN											
44	N O	GO THE CONTROL OF CONT											
x	CERTIFICATION	190 DATE OF OPERATION	19a DATE OF OPERATION 19b. COND			N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED			
人	TIF	C. Marie							YING CAUSES	NO []			
5	CER	210. ACCIDENT WAS UNDERLYING			- 1	21c. HOW INJURY OCCUR	YES NO X	Y IN ITEM 18 P.	ART I OR PART 2)				
7		OR CONTRIBUTING CAUSE OF D	ENIR	.M. MONTH D .M.	AY YEAR								
	MEDICAL	21d. INJURY OCCURRED		OF INJURY	17	211 LOCATION	-						
	ME	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE, I	ARM ETC )	STREET	CITY OR TO	VN	COUNTY	STATE			
		220.1 certify that (1) (this has	ndraft attended th	ne deceased from	mar	10 86	10 Gene 2	5	10.10	that (I) (wet fast			
		saw the deceased glive of abave, (1) (we) (did) (did	19 40 6	1 . 11	6 ar	nd that in (my) (earl) apinion	death occurred on the do	te and hou					
		22b. SIGNATURE	nat view the bady	atter death.	^ 1	DEGREE			22c DATE	SIGNED.			
			March 1.	Gun. M		ATTENDING	MEDICAL STAF	F	6/	7.6/87			
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	10000		22e ADDRESS	S, DIRECTOR FRISIC	IMIT	1 -/	1.0			
/	1,00	Paul M. Ch	ang. M.	D		Good Samaritan Professional Building							

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health eroined by the hospital or

os the buriol-tronsit perm th and Mental Hygiene pr

TO HOSPITAL OR ATTENDING PHYSICIAN, The

24 FUNERAL DIRECTOR NAME Martin D.

236 DATE 6/28/86

230. BURIAL, CREMATION, REMOVAL (SPECE)

Woodlawn Cemetery Catonsville, Balto. Co., MD. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Lawson, Timonium, Maryland 21093 JUN 26 1986 .... down frequence Editor Company of the Company of the

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0 = 1 0 5 5 8	1.	STATE REGISTRAR			CERTIF	CATE OF DEATH		S O REG. NO	1 0	0	
m.e		CEASED NAME FIRST SAMUL	gi S	MIDDLE	t.	WITTIK	20. DA	JUNE 22	NONTH DAY		6 P
of Control	1,58		4 RACE	ICASIAN	S. DATE O		6 AGE	78		R 1 YEAR	IF UNDER 24 HRS
Day 11 35	1	RTHPLACE (STATE OR FOREIGN COUNTRY MARY LAND	6.00	WHAT COUNTRY?	WIDOWE			BALTO	COUNTY OF DE		MD.
1	,	RANDALLSTOWN	BALT	O COUNTY	GENER	AL HOSPITAL		SUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) IND	KIND OF I	OOD
35	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE MARY LAND		130 CITY OR TOW BALTO		YES XX NO [		6501 HOP	ETON AVE	. 212	215
red with		JACOB	MIDDLE	WITT.			ECCA	MIDDLE		LLER	
n ond Poges		NAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	216-32-		MRS. LENA	WITT	IK 6501		AVE.	21215
rificote by physicio physicio propopers		IB CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one couse pe ED BY: (TE CAUSE (0)	r line for A, (b), or Acute	die My	ocardial In	where	(pu or		APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
deoth cer trending ve corbo		Conditions, if any, which	DUE TO, C	R AS A CONSEOU		Pulmonas	y Emb	olus			
by the cose remote		gove rise to immediate couse 10%, stating the underlying cause last.	DUE TO, C	R AS A CONSEOU	ence of						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY MARY INCOME TO A CONTROL OF THE C	NOI	PART 2. OTHER SIGNIFICANT	10 15	1	DEATH BUT	Co	0-	Ecubitu	s Ulce	-	
AL RECO	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	20a YES	AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES	S USED OF DEATH?
SICIAN: TI og physicia certificate riol-transit entol Hygi ltem 18 sh		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE			AY YEAR	21t HOW INJURY OCC	URRED (EN	NTER NATURE OF INJURY	IN ITEM 18 PART I OF	PART 2)	
MG PHYS	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	ARM ETC )	211 LOCATION STREET		CITY OR TOW	in co	YINU	STATE
ATTENDIA spitol or TTOR: At for use of Health	1	the deceased after above, (I) (we (did) (did n	6	14 19	82 on	d that in (my) (our) opini		ccurred on the dot			ot (1) (we) lost uses stated
by the hose by the hose by the hose detoched Stote Dept.	1	The Survivier	lug	un, O,		ATTENDING	MED DIREC	ICAL STAFF		6/23/	/-
TO HOSPITAL TO FUNERAL should be det with the Store IMPORTANT:		THE PHYSICIAN'S NAME (TYPE	ORPRINT)	wartz	M.D	6804 PK	ark	Heights	Ave.		
BP of s w s	23a. I	BURIAL, CREMATION, REMOVAL	236 DATE 6/24			EMETERY OR CREMATOR	_	ROSEDAL	E BA	(LTO	STATEMD

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

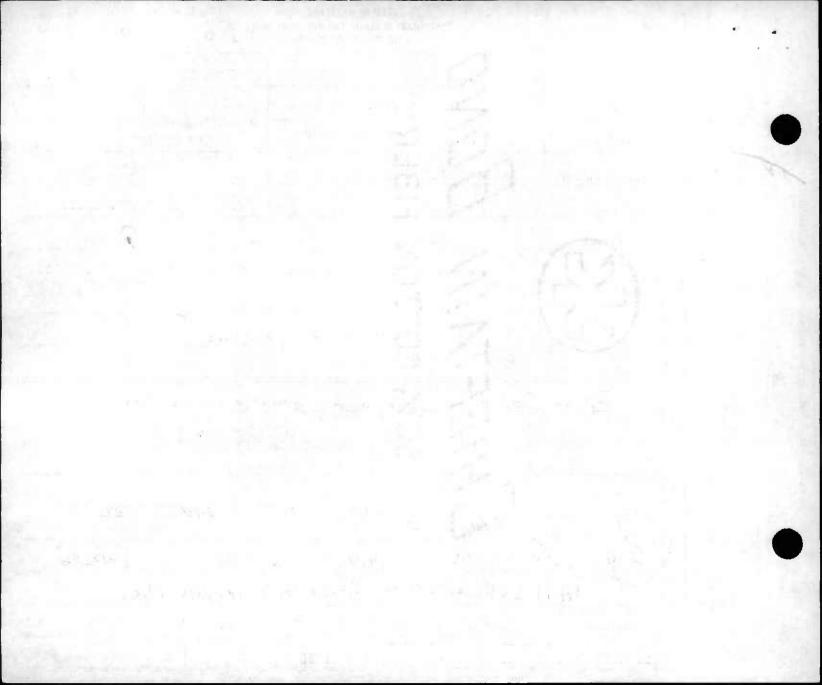
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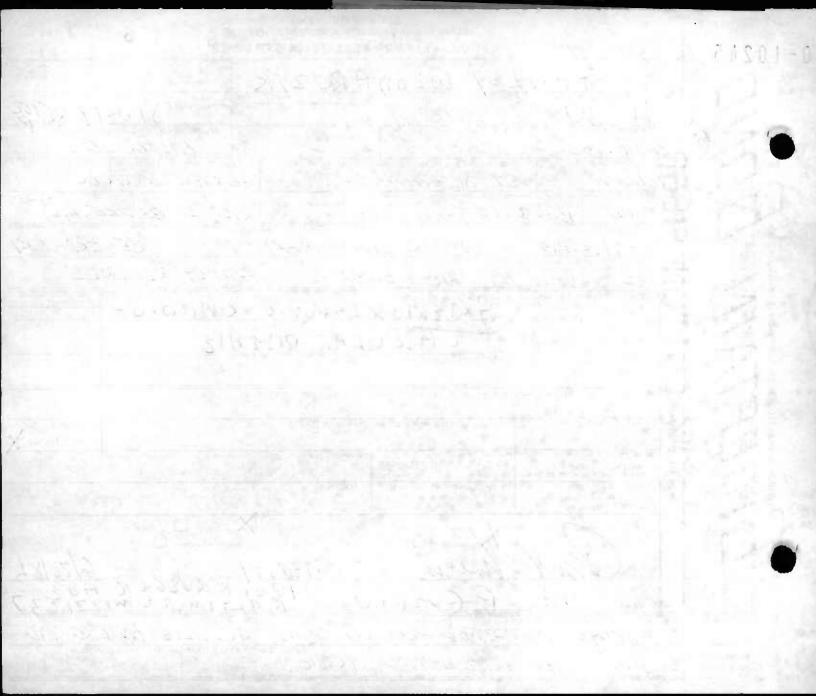
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ....

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE





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		TO HOSPITAL OR ATTENDING PHYSICIAN. The Literained by the hospital or attending physicion.

		FOR	D		TE OF MARYLAND HEALTH AND MENTAL HYG	IENE O 6	6 3 0 5
10457	1-	STATE REGISTRAR			IFICATE OF DEATH	REG. NO.	14
	1. DEC	CEASED NAME FIRST	WIDDIE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be decib		A. ELIZAG	BETH 1	WOCKE	N+U55	6-17-86/00	0-11-00 1 PM
4 mo	3 SEX	F 50 10 1 F	4. RACE	5. DATI		6. AGE (IN YEARS LAST BRIHDAY)	MONTHS DATE HOURS MIN.
and some	3# DI	FCMACE (STATE OR FOREIGN	Parcasio	INITPY2 8	7 10 04	9 BALTIMORE CITY OR COU	
多能35		Maryland	US	MARE	RIED NEVER MARRIED DIVORCED D	BALTO . CO	DUNTY, MD.
11198	B	ALTU.	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY OF	NURSING HOMINESTREET ADDRESS	OSSULLE	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaking	12b KIND OF BUSINESS OR INDUSTRY Housewife
Albert of the State of the Stat	13a. S	Maryland Balt	other institution Give residen 177 136 CITY 6 imore	OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 8431 Coco Rd	. Balto.Md.21237
1030			0	ohnson	15 MOTHER'S MAIDEN NA/	Virginia	Porter
Poges		VAS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCI.	AL SECURITY NO		address us 5324 King A	rthur Circle 21237
shicote physico mosol went, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause per line for (a) D BY. JE CAUSE (a)	Conju	the Hent P	Talure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The state of the s		Canditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF	rele		
out the distribution of the tro.		gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CO	NSE DIENCE OF	Ll vas-	Pan Resem	
o vigned Then ple r to burio injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	110	UT NOT RELATED TO THE TERM	inal disease or Condition	GIVEN IN PART Ita
on. has been to permit ene priis ows on.	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \) NO \( \)
Clan: The introduction of the interest of the	AL CERTIF	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-		TH DAY YEA	AR .	RED (ENTER NATURE OF INJURY IN ITEM	(18 PART   OR PART 2)
attending attending the this co the thin the day	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY	,	ZII EOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN print ar (108. At for use a of Health		220.1 certify that (1) (this hasp sow the deceased alive of above, (1) (ive) (did) (did no	ital) attended the deceased	from 100	//		hour and from the causes stated
the hon the hon all DREC intoched one Dept.		22b. SIGNATURE	Thand		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
HOSPITA Diseased by Cauld be d in the Ste		DR. E	bond 256-	-3580	22e ADDRESS	N.H. Rossville	
BP		URIAL, CREMATION, REMOVAL Burial	236. DATE 6-21-86	Garde	ens of Faith Ce	23d LOCATION CITY OF TOWN Balt	imore, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	INERAL DIRECTOR  NAME  LASSANN	BELA	DDRESS	5-2000 15UN	23 980 guine	GISTBAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or oftending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the frageral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages Land 2 stould be filled within 78 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examines what he adding a processing the medical examines what he adding the control of
	TO HOSPITA	TO FUNERA should be de	IMPORTANT

11174			FOR STATE REGISTRAR			CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	REG. NO		3	0 6
n e			CEASED NAME FIRST OR PRINT)		WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
tor, page			Walter	c	L V	OOD		JUNE 27.19			12:26 PM
mo r. p		3. SE	(	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ge 4	21	Ма	le	White		10	9 1932	53	YRS.		
th. Pa	10		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	1000	D X NEVER MARRIED	9. BALTIMORE CITY O	_	FDEATH	
9 10	6		w York	U.S.A		WIDOWE		Baltimore			MD
by the food	1	10. CI	TY OR TOWN OF DEATH		CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATI		INDUSTRY	F BUSINESS OR
15 y	2		ssville		in Square		oital	Motor Insp	pector	Genera	al Motor
Por Por	27	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION. NTY	13c CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
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within pletely nd 2 sh	EM	HOFA	THER'S NAME FIRST	MIDDLE	LAST	-	15. MOTHER'S MAIDEN NAM	WE		LAS	
p ldu b	OX O	Wa	lter	F.	Wood		Bernice	MIDDLE		West	
5 57	0	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
Pogg	medico	Ye		-1960	212-30-1	208	Sharon A. Wo	hod	Same	as 13	30
cion ers.	the state of		18 CAUSE OF DEATH (Enter or				T Dilazon III. We		Donne		MATE INTERVAL
equires that the deast n signed by the atten Then please remaye a to burial, cremation,	injury, ar ather trauma	NO	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(b) M DUE TO, O		YELON NCE OF MPHO	CYTIC   FUKEMIA		DITION GIVEN	IN PART 10	D
in. has been permit. I	ws ony	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	280 AUTOPSY?	206. IF YES, V IN CERTIFY IN	VERE FINDING CAUSES	NGS USED OF DEATH?
ICIAN: The g physicial ertificate h riol-transit	Item 18 shows	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	ATH HOUR A.	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR			I OR PART 2)	NO []
PHYS Indin	ò	ED	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	APAN FIC I	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
offe offer the sthink han	rkec	2	WHILE NOT WHILE AT WORK				BOY ELL VI	June 27		86	
AL AL	IANT: If Item 21 is mo		270. I certify that A (this hosp saw the deceased alive or above, ) (we) (did) (dim) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (type	View the body		W	DECREE  ATTENDING PHYSICIAN  122e ADDRESS	death occurred on the do	FF _		
HOSPIT, sined by FUNER, sold be d	IMPORTA		0 0	28/11/16					01.0	27	
TO He should with t	ž+	23a P	Gregory Ros		123r N	IAME OF C	9000 Frankli	n Square D	212	3/	
BP		(	specify) rial	7/1/19			wridge	CITY OR TOWN		YINUO	STATE
01			INERAL DIRECTOR Duda-			20001		Dorsey E REC'D. BY REGISTRAR	Howa 25b. REGISTRA		<u>Maryland</u>
DHMH - 16 60M (VRA 15, 4)			22 Wise Avenue	Dunda	ADDRESS.	Land	21222	0 - 1008	Lulia To	المسالة	Beylatic
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Lugar Kora III a calendar

STATE OF MARYLAND

07/B4

BP **DHMH - 17** 

(VR A15 ME (5))

230 BURIAL, CREMATION, REMOVAL 236. DATE

Cremation

24 FUNERAL DIRECTOR

6/25/86

George J. Gonce 4001 "Ritchie Hgwy Balto Md

23c NAME OF CEMETERY OR CREMATORY

Westview Memorial Park Catonsville 250 ME PECTS BISSSTRAR 256 REGISTRAR SEIGNATURE

23d. LOCATION

Balto Md

Zb HOUR

1 :00

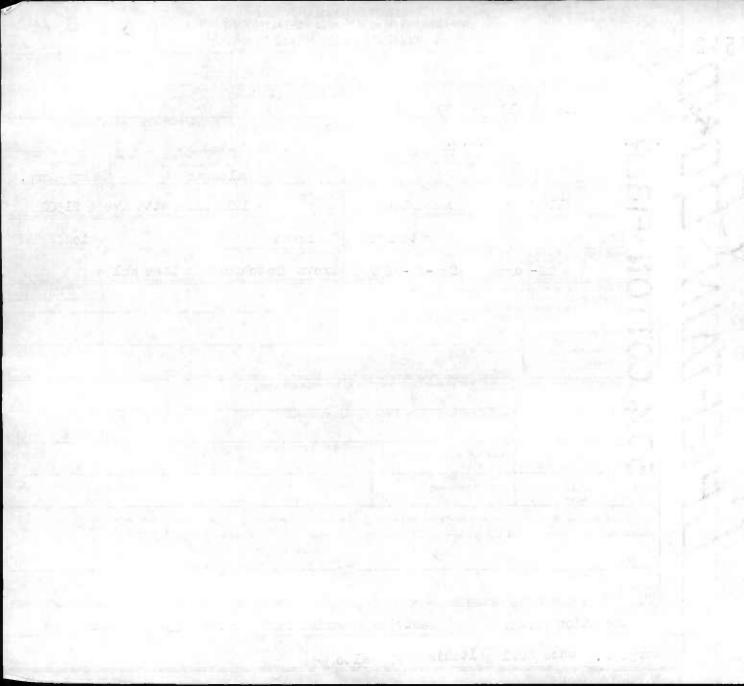
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0 00746	1.	FOR STATE	DEPARTM	STATE OF MARYLAND  ENT OF HEALTH AND MENTAL HYG  CERTIFICATE OF DEATH	IENE 8 6	6 3 0 9
0-09140	1 DEC	REGISTRAR  EASED NAME FIRST	MIDDLE	LAST LAST	REG. NO.	DAY YEAR 2b. HOUR
3 75	(TYPE	W1L501	I HUGH	WRIGHT	6	12 1981 11-25an
anoy peng	3. SEX			5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
* 90	2	ALE W	HITE	1 23 1928		RS
A 12 100	in BI	RTHPLACE (STATE OR FOREIGN 76 CIT	IZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	Baltimore City or Col	
1 1 20	W	TY OR TOWN OF DEATH 11 N	AME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
2 11 57	R	OSEDALE FI	RANKLIN S	QUARE HOSP.	TYPE OF WORK FOR MOST OF WORK	
AND 212 22 hou filled in could be		AL RESIDENCE IF NURSING HOWE OR OTHER IT	NSTITUTION, GIVE RESIDENCE BEFORE 13 CITY OR TOWN	PRE YES NO [	38. STREET ADDRESS / ZIP (	SON 31224
MARYL and with	1	PIRST MIDDLE MIDDLE	RIGHT LAST	15. MOTHER'S MAIDEN NAM	WE MIDDLE MIN	NEAR
MORE, name or suscent		AS DÉCÉASED EVER IN U.S. ARMED F Bandor unknown) (1F yes, Give War o		17 NO. 17 INFORMANT 5266 ANTOINETT	E WRIGHT	2504 HUDSON ST.
deate by physicial popular towal.		18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU		of Liver with Mas	sive Ascites	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
No series			UE TO, OR AS A CONSEQUE	NCE OF		
dwat dwat other other raum		Conditions, if any, which gove rise to immediate	(b)			
W. P. Other the other to other to			UE TO, OR AS A CONSEQUE	NCE OF		
05, 20 signed her pla burio (ury, or	NOI	PART 2. OTHER SIGNIFICANT CONDI		PEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 110
A RECOR	IFICAT	190. DATE OF OPERATION	CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO} \)
OF VITA	AL CERT		b. TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2}
NG PHYSICAL CAREACTER CARE	MEDIC	21d. INJURY OCCURRED 21	e. PLACE OF INJURY NT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION	CITY OF TOWN	COUNTY STATE
TENDIN Jol or OR Ah Or use of Health		220.1 certify that (x (this hospital) at	ne 12,	June 11, 1986 86 , and that in 🖋 (our) opinion :	deoth occurred on the dote on	d hour and from the causes stated
D SECTOR AT THE POST OF A T T T T T T T T T T T T T T T T T T		obove, (**(we) (did) (\$\frac{1}{2}\$) yiew  22b SIGNATURE	the body ofter deoth.	DEGREE ATTENDING	MEDICAL STAFF	22c, DATE SIGNED
HOSPITAL med by the fune Ral uld be der uld be der		22d PHYSICIAN'S NAME (TYPE OR PROTE	<i>ye</i>	PHYSICIAN [	DIRECTOR DHYSICIAN E	
The State of the s	133	1.14. ONEFT	7		THE LOCATION	
BP	Z	WRIAL CREMATION, GEMOVAL 238	-16-1986 H	ALL HILL	BAKTIM	ORE MD.
DHMH - 16 50M 4/83 (VRA 15, 4)	K	AJMOND L. KACZ	orausti 25	25FLEET ST. JU	N 17 1986	Sundown Randage

TO THE PARTY OF THE STATE OF TH The said was the training of the latest that the said was the said an it is a second to the second of the second The state of the s

peral director, page 3 n 72 hours after death

= 24 hours ofter

ATTENDING PRESIDENT. The law requires that the death certificate he exeragainst or attending physician.

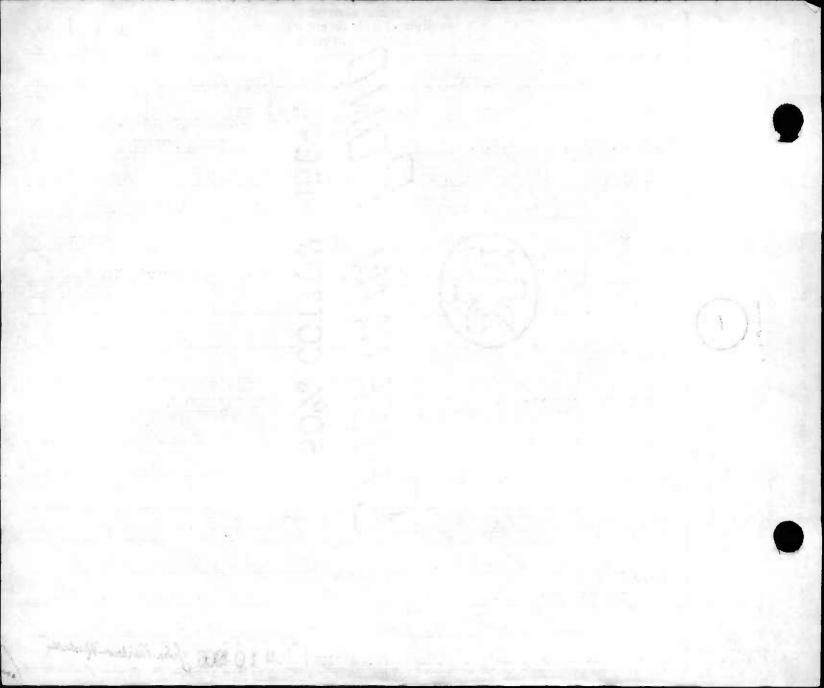
TO HOSPITAL OF ATTENDIS refamed by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physical should be detached for use on the funciol fromit permit. Their please remove corbon papers, with the State Dept. of Resith and Mental Pygiens prior to burish, cremation, or removal.

1			STAT	E OF MARYLAND			5 2
1	FOR - STATE REGISTRAR			FICATE OF DEATH	GIENE 8 6	1 6	3 0 9
	ECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	FRANCIS	· X	LIVAL	NE	6-16-	-86	12 P
3. S	EX	4 RACE	S. DATE O	OF BIRTH	6 AGE (IN YEARS LAST B	RTHOAY) IF UNDER	DAYS HOURS MIN
1	male	White	12	O3 OF	81	YRS /	de 04
70.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH
9	MARYLAND	U.S. A	WIDOW		BALTIMO	re Coun	ity M
V.	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE) INDL	KIND OF BUSINESS OF USTRY
	ALTIMOYC UAL RESIDENCE (IF NURSING HOME	S+ JOSE		SON, WD3120	*Retired M	echaniq	Auto
130	STATE 136 CO	UNTY 13c CITY	rortown Ltimer =	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	OCK ROAD	2/2/6
75 14.5	FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA			LAST
9	James W		(43)	Del	ia Barrett		LASI
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	
	(YES, NO OR UNKNOWN) (1F YES	21)	-09-415°	Miss Patrici	a Wynne 1	14 Murdock	k Road -1
CERTIFICATION	gave rise to immediate couse 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION	una lente	TING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF YES, WERE	
H H	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUP			
-	OR CONTRIBUTING CAUSE OF	DEATH	NTH DAY YEAR				
MEDICAL	21d, BYJURY OCCURRED	21e PLACE OF INJUR	RY	211 EOCATION STREET	CITY OR \$	OWN COU	INTY STATE
	220.1 certify that (1) this ha	spital) attended the deceas		nd that in (my) our) opinian	ta	date and have and fro	. ther () (we) las
7	226. SIGNATURE  Walter  226. PHYSICIAN'S NAME (148)	n mily	ent 1	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STA		DATE SIGNED
230	BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d LOCATION CITYOR TOWN .	EOUNT	y STATE
		6/19/86	New Ca	thedral Cem.		more, Md.	
	FUNERAL DIRECTOR ITCHELL-WIEDEF	ELD HOME, INC	ADDRESS 6500	York Rd. 250 DA	UN 20 1986	256 REGISTRAR'S SI	4.

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	1-	FOR STATE REGISTRAR			DEP			ND MENTAL HY OF DEATH	GIENE 8	6		6 0	1 0
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1 15 1/7		OUTH CAROLII	NA	U.S.	Α.	WIDOW		ER MARRIED		IMORE	COUNT	ry	J.M.
1 11 50		TY OR TOWN OF DEAT		NAME OF H	OSPITAL, NL	JRSING HOME			12a USUAL	OCCUPATI RK FOR MOST O	ON	12b. KIND	OF BUSINESS OR
10 th 10 00 0		ORT HOWARD		VAMC, F	ORT HO	WARD, M	D. 21	052	REPAI		F WORKING EIF		OBILE
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dies one		VAS DECEASED EVER IN	IF YES GIVE	WAR OR DATEST		SECURITY NO.	17 INFO			ADDRE			
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been been prior ony ii	ATI	190. DATE OF OPERATION				HICH OPERATION			20a AUT		206 IF YES	, WERE FIND	
he lo	CERTIFICATION								YES	NOX	IN CERTIF		S OF DEATH?
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HYS of his of his of his of his	MEDICAL	21d. INJURY OCCURRE	D	21e PLACE C		FFICE, FARM ETC )	21f LOC	ATION		CITY OR TO	WN	COUNTY	STATE
NIVIS	Σ	AT WORK NOT WHILE		(AT NOME STATE	LET, FACTORT OF	rrice, ranm ele j							
NDIN R. Afforteolitics mo		22a.1 certify that (1) (t			deceased fi	rom 6-		19_81	, 10	6-5		19.86	, that (1) (we) las
Spire CTO CTO I for of H		saw the deceased abave, (1) (we) (did	alive an_	6-5	after death	19_86	ind that in (	(my) (aur) apinio	n death accurr	ed on the de	ate and hou	r and from the	e couses stated
OR OR OR Checked		226. SIGNATURE	1	11	. 0		DEGREE	ATTENIDING	MEDICAL	CYA	c.	22c. DAT	ESIGNED
All the the		Journe	4.	Man	ecom.	0.		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAI PHYSIC		6-5	5-86
HOSPITAL hed by the FUNERAL old be det on the Stote ORTANT;		22d. PHISICIAN'S NAM	AE (TYPE OF	PRINT			22e ADD						
TO HOSPII. Tetoined by TO FUNER, should be d with the Ste		JAIME MA	RRERO	), M.D.				EDICAL			HOWARI	O, MD.	21052
5 F 2 2 3		SURIAL, CREMATION, RI		236 DATE		23c. NAME OF	CEMETERY	OR CREMATORY		ATION Y OR TOWN		COUNTY	STATE
BP		Bu	ırial	6-9-8	6	Woodlaw	n Cem			ltimo			aryland
DHMH - 16 60M 7/84		JNERAL DIRECTOR	7 77	1240	ADDI	RESS			ATE REC'D. BY		25 REGIST		Pandelle
(VRA 15, 4)	Ba	iley Funera	T HO	me 1348	N. Ca	inoun S	t. 21.	217   1	טואנ	ELD.	7		•



## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2ª DATE OF DEATH **JOHN** W. YUSAITIS (TYPE OR PRINT) W. MN 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) August 7, 1927 Male White TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maryland U.S.A. Baltimore DIVORCED NAME OF HOSPITAL NURSING HOME Photographer-Md. Public Television Tella Maria 3a STATE Baltimore 13d. INSIDE CITY LIMITS? 13e SIREET ADDRESS / ZIP CODE 1315 Glendale Road, 21239 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Wasielewski Lottie Yusaitis ADDRESS a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES GIVE WAR OR DATES) Mrs. Ann Y. Tischler, same as #13e 214-24-7583 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Carcinona DUE TO, OR AS A CONSEQUENCE OF Metastatic Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR RART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 21d INJURY OCCURRED 21e PLAGE OF INJURY COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) AT WORK AT WORK 800 220.1 certify that (1) (this haspital) attended the deceased fram, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF

DHMH - 16 60M 7/84 (VRA 15, 4)

should be defined with the State

00

MEDICAL

Cremation 6-16-86

224 PHYSICIAN'S NAME THE OFFICE

230 BURIAL, CREMATION, REMOVAL

236 NAME OF CEMETERY OR CREMATORY Westview Crematory

22e ADDRESS

2300

Baltimore, Maryland

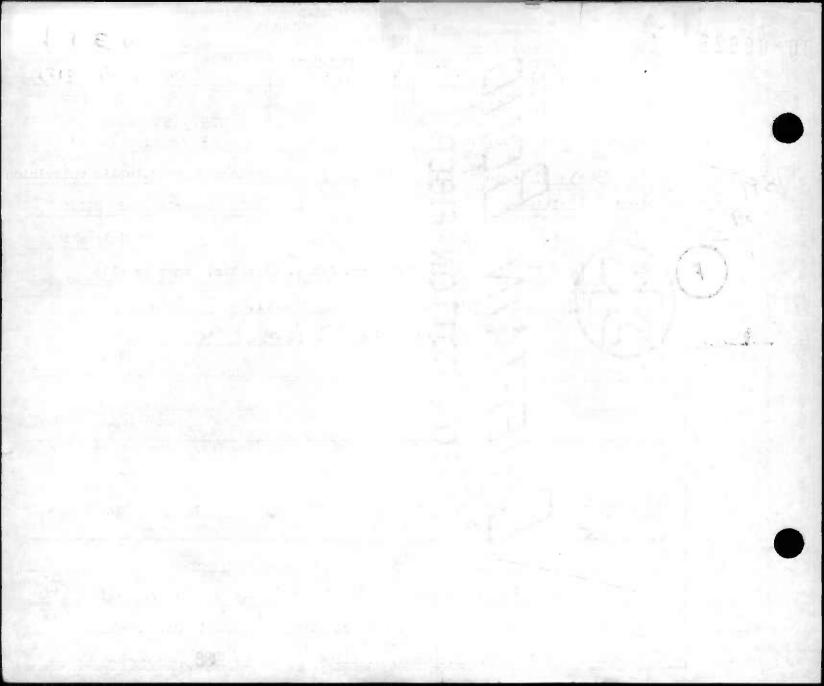
24 FUNERAL DIRECTOR 1050 York Rd. 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

PHYSICIAN DIRECTOR PHYSICIAN

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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Aulia Davidson Mandalle



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or Item 18

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Item 21

IMPORTANT: IF

the buriol-tronsit permit, ond Mentol Hygiene prior

Health

should be detoched for with the State Dept. of h

CERTIFICATION

MEDICAL

23a BURIAL

226. SIGNATURE

attending

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certificate has been

FUNERAL DIRECTOR:

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ATTENDING

director,

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## STATE OF MARYLAND

MENTAL HYGIENE DEATH

	4	1	4
	6		- (
	REG. NO.		1
_		_	_

12b. KIND OF BUSINESS OR

FOR STATE REGISTRAR		DEPAR	TMENT OF HEALTH AND CERTIFICATE OF
EASED NAME	FIRST	MIDDLE	LAST
OR BRILLEY			. 4 4

112 0 10 1 10 111				REG. NO.	14		1.5
I. DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOU	Ś.
(TYPE OR PRINT)	MARY		ZUK	JUNE 19	1,1986		
3 SEX		4. RACE	5. DATE OF BIRTH	& AGE   IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 H
FEMAL	E	WHITE	SEPT. 24, 1916	69 YRS.	MONTHS DAYS	HOURS	M
TO BIRTHPLACE (STA	TE OR FOREIGN	The CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		

WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

130. STATE INSIDE CITY LIMITS NO 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

LIF YES, GIVE WAR OR DATEST

17. INFORMANT ADDRESS

MIDDLE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c),
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating underlying cause last.

TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ha PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

9a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOF
		YES 🗌
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR AM MONTH DAY YEAR 21c. HOW INJURY OCCURRED	(ENTER NATI

NO

ATTENDING PHYSICIAN

URE OF INJURY IN ITEM 18 PART T OR PART 21

YES [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

6-16-86

NO [

STATE

OR CONTRIBUTING __ CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) WHILE AT WORK NOT WHILE

220 I certify that (1) this hospital) attended the deceased fram saw the deceased alive on obove. (I) was (did not) view the body after death.

and that in (n) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED

23b DATE

DIRECTOR PHYSICIAN 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

